

Louisiana State Board of Nursing

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www.lsbn.state.la.us

CE AUDIT VERIFICATION FORM for APRNs with PRESCRIPTIVE AUTHORITY

INSTRUCTIONS: Please verify that you completed the pharmacology continuing education (CE) requirement during the 2-year licensure period by: 1) marking the box below; 2) signing and completing the ATTESTATION section 3) and **mailing all documentation to LSBN together in one (1) envelope including this form along with** photocopies of valid documentation as evidence of your compliance with the CE requirements. Each year an APRN with prescriptive authority must obtain six contact hours of CE in pharmacotherapeutics; thus a total of 12 contact hours is required to be submitted for the 2-year licensure period.

Send required audit documents if you have been notified that you were selected for the audit. After the required audit documents have completed the review process, notification will be sent to you regarding the outcome through the message center in the Nurse Portal (<https://lsbn.boardsofnursing.org/lsbn>).

Determination of compliance or noncompliance with LSBN's CE requirements will be based on the first, initial submission of all required audit documents received at the LSBN office from the APRN. Do not mail documents separately. If you wish to confirm that your documents were received in the LSBN office, send mail to LSBN using a delivery service that provides you with a tracking number. Documents that are faxed, emailed, or sent in the nurse portal will not be accepted.

In accordance with LAC 46:XLVII.3335.I.2.d: *failure to complete the audit satisfactorily by the specified date or falsification of information will result in the licensure being rescinded to become invalid and may result in disciplinary action against the licensee. All required documents must ARRIVE together in one packet as your response to the audit via mail at the LSBN office no later than the date/deadline in the correspondence notifying you that you were selected for the audit.*

I am providing legible, unaltered photocopies of certificates for twelve (12) contact/credit hours of CE in pharmacotherapeutics completed during the 2-year licensure period that are applicable to my APRN role and population focus as licensed by LSBN. **Prior to mailing my audit documentation to LSBN, I have carefully reviewed all certificates and verified that each includes the following required information:** my name; name of nursing topic; date completed; number of hours awarded *specifically* in pharmacotherapeutics [pharmacology/Rx] credit; name of CE provider/company; and a statement indicating the CE was recognized or accredited by one of the agencies or organizations accepted by LSBN as listed below.

Annual CE for pharmacology must be at the *advanced practice level* and related to the APRN's role and population focus. CE documentation must indicate the pharmacology credit awarded is accredited by a board approved national certifying organization or one of the following agencies or organizations:

- Any U.S. State Board of Nursing
- American Nurses Credentialing Center (ANCC)
- American Nurses Association (ANA)
- Accreditation Council for Pharmacy Education (ACPE)
- Accreditation Council for Continuing Medical Education (ACCME)
- American Medical Association (AMA)
- American Academy of Physician Assistants (AAPA)
- American Academy of Family Physicians (AAFP)
- American Academy of Nurse Practitioners (AANP)
- American College of Nurse Midwives (ACNM)
- American Psychiatric Association (APA)
- American Psychological Association (APA)
- American Psychiatric Nurses Association (APNA)
- Emergency Nurses Association (ENA)
- National Association of Nurse Practitioners in Women's Health (NPWH)
- National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

LAC46:XLVII.4513.D.5: Authorized Practice / Prescriptive and Distributing Authority states in part:

Continued Competency for Prescriptive Authority. Each year an APRN with prescriptive authority shall obtain six contact hours of continuing education in pharmacotherapeutics in their advanced nursing role and population foci. Documentation of completion of the continuing education contact hours required for prescriptive authority shall be submitted at the request of the board in a random audit procedure at the time of the APRN's license renewal.

ATTESTATION

I affirm and attest that I have read and understand the information above and that I am the APRN identified below and that all documentation submitted is true and correct.

Signature of APRN

Louisiana APRN License Number

Date signed

PRINT/TYPE name of APRN