

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500 or (225) 755-7520

www.lsbn.state.la.us

PA FORM # 1 – CE AUDIT VERIFICATION CHECKLIST FOR APRNS with PRESCRIPTIVE AUTHORITY

INSTRUCTIONS: Please verify that you completed the pharmacology continuing education (CE) requirement during 2019 by: 1) marking the box below; 2) signing and completing the ATTESTATION section 3) and **mailing all documentation together in one (1) envelope including** this PA Form # 1 to the Louisiana State Board of Nursing (LSBN) **along with** photocopies of valid documentation as evidence of your compliance with the CE requirements in 2019.

After the audit response packet has 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 non-compliance) with LSBN's CE requirements will be based on the first and initial audit response packet received at the LSBN office from each nurse. DO NOT MAIL ITEMS SEPARATELY. If you wish to confirm that your packet was received in the LSBN office, mail the CE audit response packet to LSBN using a delivery service that provides you with a tracking number.

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the audit satisfactorily by the specified date or falsification of information will result in the licensure being rescinded to become invalid and may result in disciplinary action against the licensee. Your complete audit response packet must ARRIVE at the LSBN office no later than Thursday, March 12, 2020.*

I am providing legible, unaltered photocopies of certificates for six (6) contact/credit hours of CE in pharmacotherapeutics completed in 2019 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 nurse

Louisiana APRN License Number

Date signed

PRINT/TYPED name of nurse