INSTRUCTIONS FOR REQUESTING INITIAL OR
CHANGES IN PRESCRIPTIVE AUTHORITY PRIVILEGES

INSTRUCTIONS

Select and complete this application and attestation if you are:

1) applying for initial prescriptive authority; or
2) requesting to make a change in your prescriptive authority including:
   a. the addition of a physician and/or a site or
   b. the addition of or change in controlled substance privileges.

Prior to engaging in medical diagnosis and management as an Advanced Practice Registered Nurse (APRN), including writing orders and/or prescriptions, the APRN must obtain a letter of approval issued to the APRN from the Louisiana State Board of Nursing (LSBN) indicating approval for Prescriptive Authority (PA) privileges in the State of Louisiana in collaboration with the licensed physician(s). In accordance with LAC 46:XLVII.4513.D.7, Advanced Practice Registered Nurses (APRNs) approved for prescriptive authority must notify the Louisiana State Board of Nursing (LSBN) in writing of all changes within 30 days including the addition and deletion of physicians and sites.

*******APRNs submitting prescriptive authority applications are required to submit a signed Attestation of APRN Collaborative Practice to the board. APRNs are required to obtain and retain a collaborative practice agreement (CPA) per current statutes though they no longer submit the CPA to the board. The CPA must be maintained on site. APRNs must complete and utilize the CPA template provided by the board. The CPA template is available on the LSBN website. Customized forms and CPAs are not acceptable and are not in compliance with current rules.**********

Standard processing time for a PA application is 10-15 business days from the date of receipt at LSBN. Applications are processed in the order received. If any information provided on the application is incorrect, incomplete or illegible, processing of the application will be delayed. Submitting additional information that is not requested or required such as the CPA may also increase the processing time. The APRN will be notified in writing as soon as the PA application has been approved or if additional information is required. Check the email entered as the username in the Nurse Portal for correspondence. Any additional information needed and approval letters will be sent only to the email address associated with the APRN’s Nurse Portal account. Applications which have not been approved by LSBN within 60 days of receipt at the Board office will be closed without approval.

A ‘checklist’ is provided at the end of these instructions for the APRN as a guide to ensure he/she includes all documentation required by LSBN. Do not send the checklist or instructions with your Attestation of Collaborative Practice and fee.

If the APRN wishes to prescribe controlled substances (CS), the CPA and Attestation of Collaborative Practice must identify the requested DEA Schedules (i.e. III-V, II non-narcotic for ADD/ADHD, full II narcotics). Additional documentation is required to request approval to prescribe CS.

NOTE: Initial Louisiana nursing licenses and initial prescriptive authority credentials are issued for a calendar year and must be renewed in the fall of the following year. All licenses and prescriptive authority credentials expire January 31st if not successfully renewed online by the nurse prior to the expiration date.

To maintain the prescriptive authority (PA) credential after issuance, APRNs are required annually to obtain six contact hours of continuing education in pharmacotherapeutics in their role and population. APRNs must provide evidence of the CEs to LSBN if they are selected during the random audit procedure which is performed yearly.
KEY ELIGIBILITY & PRACTICE REQUIREMENTS

1. APRN must hold a current, unencumbered Louisiana RN and APRN license issued by LSBN for initial PA.

2. Current clinical practice (at least 500 hours) as an APRN within the last 2 years. If the APRN had completed his/her program 2 years ago (or more), contact the LSBN APRN department prior to submitting an application for initial PA privileges. A Verification of Practice Form may be requested.

3. APRNs must practice in the specific advanced practice role and population focus (e.g. adult, family, pediatric, psych/mental health, etc.) in which they are licensed.

4. Collaborating physicians must be engaged in clinical practice within the state of Louisiana in the same or a practice comparable in scope, specialty or expertise to that of the APRN. Retired physicians are not eligible to serve as collaborating physicians.

5. No more than 2 collaborating physicians will be approved by the board per practice site. A practice site refers to a location at which an APRN exercises prescriptive authority or otherwise engages in advanced practice registered nursing. A site which has more than one physical location shall be considered a single site when the organizational policies and provisions provided by the managing entity are applicable to all affected locations.

6. In the event all collaborating physicians for a practice site previously submitted to and approved by the board are unavailable, the approved collaborating physician for the practice site may designate an “alternative collaborating physician” to be available for consultation and collaboration provided certain conditions are met which are delineated in Chapter 45 of LSBN’s rules. There must be a formal, documented, approved, and enforceable organizational policy that allows and provides for designation of an alternative collaborating physician. The alternative collaborating physician must meet all conditions as required of the approved collaborating physician.

APRN RESPONSIBILITIES

- The APRN is responsible for obtaining written approval from LSBN for collaborating physician(s) prior to clinical practice.

- The APRN is responsible for advising LSBN in writing within 30 days regarding the deletion of a collaborating physician or practice site that had been previously approved by LSBN.

- The APRN is responsible for ensuring that a copy of his/her signed CPA is maintained at the clinical site where PA privileges are exercised and be able to produce this documentation for review during a site visit.

- The APRN is responsible for ensuring that the CPA and PA forms submitted to LSBN for review are complete and follow all instructions provided herein.

- The APRN is responsible for being familiar, knowledgeable and compliant with all current state and federal laws, rules and regulations affecting APRN practice including, but not limited to, the following:
  - LSBN Nurse Practice Act (R.S. 37:911 et seq.)
  - LSBN Rules and Regulations (APRN Rules - LAC Title 46, Part XLVII, Subpart 2, Chapter 45);
  - Louisiana State Board of Pharmacy (LABP) rules regarding prescribing practices (e.g. LAC 46:LI.251), www.pharmacy.la.gov
  - Federal law and regulations issued by the U.S. Department of Justice – Drug Enforcement Administration (DEA) www.deadiversion.usdoj.gov if APRN has been approved for CS privileges by LSBN.

- The APRN is responsible for notifying LSBN of a change in address and/or contact information for his/her primary place of residence within 30 days.

- If the APRN submits an application for only one (1) collaborating physician for the practice site(s) with no policies for an alternative collaborating physician, the APRN must “not engage in medical diagnosis and management, including writing orders and/or prescriptions, in the absence of the collaborating physician.”

- The APRN is responsible for receiving specific approval to prescribe controlled substances.
CONTROLLED SUBSTANCE (CS) AUTHORITY

APRNs requesting the addition of CS to their prescriptive authority must prepare a detailed signed and dated letter in their own words describing their identified need for CS privileges within the patient population served by the collaborative practice. The letter must be submitted with the attestation. Include the following information in the letter:

- Detailed description of the practice site (rural/urban, physician availability, etc.) and patient population for the APRN’s practice (age range, insurance/free care, family practice, most common patient problems treated, etc.);
- Description of the patient benefits to be gained by the practice if the APRN is approved for CS;
- Identify which schedules of controlled substances the APRN anticipates he/she will prescribe most and specify all schedules of controlled substances for which the APRN is seeking approval for the practice site (e.g. III-V, II non-narcotic for ADD/ADHD, full II narcotics);
- Explain the factors and types of conditions/diagnoses treated at the practice site that demonstrate the necessity to prescribe CS. Include the justifications to prescribe CS to treat Attention Deficit Hyperactivity Disorder (ADHD) and other behavioral illnesses with schedule II non-narcotic medications if applicable.

Adding CS to an APRN’s PA privileges is a multi-step process which requires the APRN to apply to two state agencies and one federal agency. The APRN should review the application requirements and fees associated with applying for a Louisiana CDS license (LBP) and federal DEA registration (DEA) BEFORE submitting an application for CS privileges to LSBN to ensure he/she will be able to complete all steps within 60 days.

STEP 1: APRN submits application forms, attestation, and letter of explanation to LSBN for review.

STEP 2: LSBN sends an approval letter to the APRN after the documents in step 1 have been reviewed and approved.

STEP 3: APRN submits application and fee to LBP to obtain State CDS license for same controlled substance schedule(s) approved by LSBN.

STEP 4: APRN submits application and fee to DEA to obtain federal registration for same controlled substance schedule(s) approved by LSBN.

STEP 5: APRN sends copies of both CDS license and DEA registration to LSBN within 30 days of receiving the approval letter from LSBN.
### CHECKLIST

The Attestation of Collaborative Practice and fee must be **mailed** to LSBN together in **one (1) envelope.** Do not mail the checklist or instructions with the attestation and fees.

- Fee if applicable as indicated below.
  - Initial Prescriptive Authority Privileges -$100
  - Additional Practice Site(s)-$50
  - Adding a physician(s) for a new practice site (i.e. new employment)- $50
  - Adding a physician(s) to a practice site previously approved by LSBN - no fee
  - Initial request for controlled substance privileges or requesting a change in controlled substance privileges (i.e. adding a DEA schedule)-no fee

Send a money order or bank cashier’s check, payable to: **Louisiana State Board of Nursing** (or LSBN). If the APRN’s employer/practice site wishes to pay the PA application fee on the APRN’s behalf, a ‘company check’ for the required fee will be accepted, but must accompany the Attestation of Collaborative Practice. Personal checks, cash or credit card are **not** accepted. **Fees are non-refundable.**

- Completed **Attestation of Collaborative Practice.** Collaborating physician(s) for the practice site with which the APRN is requesting collaborative practice and approval must be noted on this form.
  - Louisiana medical license number and practice specialty area must be provided for each physician.
  - The names of the physicians listed on the Attestation of Collaborative Practice must match the physicians signing the CPA.
  - Practice site address and phone number must be provided on the attestation. Changes in the practice site must be requested within 30 days of the change.

- Completed Letter for controlled substance application, if applicable

- Verification of Practice, if applicable (ADD LINK)

- Original CPA – ‘Collaborative Practice Agreement’ recently signed by the APRN and physicians noted on Attestation of Collaborative Practice for the practice site must be retained at the practice site. **Do not submit the CPA to LSBN.**
  - If the APRN wishes to prescribe controlled substances (CS) with the new physicians/practice site, the CPA must identify the requested DEA Schedules (i.e. III-V, II non-narcotic for ADD/ADHD, full II narcotics). Additional documentation will be required if the APRN has not been previously approved by LSBN for the DEA Schedule(s) indicated on the CPA.

- Attach correspondence or email **advancedpractice@lsbn.state.la.us** to indicate sites and physicians that are to be deleted from your prescriptive authority privileges. APRNs are required to report such changes within 30 days of the change.

**NOTE:** If the APRN had PA privileges awarded by LSBN previously, **but has not practiced within the last twelve (12) months** or more, the APRN must apply for ‘**Reinstatement of Prescriptive Authority**’. 
**ATTESTATION OF APRN COLLABORATIVE PRACTICE**

- This form is to be utilized and submitted to LSBN when requesting: 1) initial prescriptive authority (PA) privileges in Louisiana which includes those who have not previously applied for or obtained PA privileges in the state or 2) changes in PA (including the addition of physicians and/or sites or requesting controlled substance authority) for collaborative practice with physician(s).
- Read and refer to the instructions for detailed directions, including potential fees required, that must be provided to LSBN along with the attestation for processing the request.
- The APRN must obtain and retain a collaborative practice agreement (CPA) on a form provided by LSBN which is signed by the APRN and collaborating physician(s). Retain the signed CPA on site, and do not submit the CPA to LSBN.
- The APRN will receive written verification sent to the email address of record notifying if the request has been approved, denied, or requires additional information.

### Section I.  Applicant

| APRN Name: ___________________________ | Licensed role and population: ___________________________ |
| APRN license #: __________ | Email address: ___________________________ |

Check one:
- [ ] I am requesting Initial PA privileges
- [ ] I am requesting a Change in PA privileges

Check one:
- [ ] I am requesting to initially apply for or change authority to prescribe controlled substance schedules
- [ ] I am not requesting to initially apply for or change authority to prescribe controlled substance schedules

### Section II.  Collaborating Physician(s)

| Physician Name: ___________________________ | Physician Name: ___________________________ |
| LA Medical License #: ___________________________ | LA Medical License #: ___________________________ |
| Practice Specialty: ___________________________ | Practice Specialty: ___________________________ |

### Section III.  Practice Site(s) where APRN will be exercising PA

| PRIMARY Site Name: ___________________________ |
| Physical address, including city and state, of the clinical practice site: ___________________________ |

- Office Phone Number: ___________________________

| Additional Site Name: ___________________________ |
| Physical address, including city and state, of the clinical practice site: ___________________________ |

- Office Phone Number: ___________________________
Section IV. Attestation

By signing below, the collaborating parties (referring to the APRN and collaborating physicians) depose and say that they are the parties referred to in all pages of this application; 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:

● As a prerequisite to practice as an advanced practice registered nurse (APRN) in Louisiana with prescriptive authority privileges, and in accordance with Louisiana laws and the rules and regulations of the Louisiana State Board of Nursing (LSBN), APRNs must have a written and signed Collaborative Practice Agreement (CPA) with a physician who: is actively engaged in clinical practice and the provision of direct patient care in Louisiana; holds a current and valid medical license issued by the Louisiana State Board of Medical Examiners (LSBME) or is otherwise authorized to practice in the state of Louisiana under provisions of federal law; and engaged in clinical practice in the same or a practice comparable in scope, specialty or expertise to that of the APRN, and

● The required signed CPA is to, at all times, be retained at the practice site by the APRN, and

● The required signed CPA (check one) □ includes or □ does not include controlled substance authority including (check all schedules that apply) □ schedules III-V □ schedules IIN (non-narcotic for ADHD) □ full schedule II, and

● APRNs are prohibited from prescribing or distributing controlled substances to oneself, a spouse, child or any other family member and APRNs are prohibited from prescribing or distributing controlled substances in connection with the treatment of chronic or intractable pain, as defined in LAC 46:XLV.6515-6923 and obesity, as defined in LAC 46:XLV.6901-6913, and

● The CPA shall be made immediately available, without prior notice, to LSBN when the Board or its representative requests examination of the CPA, and

● Any changes to the prescriptive authority credential including changes in physicians and sites will be requested and reported to LSBN in writing within 30 days of the change.

_____________________________________________________                        _________________________
APRN (sign and print name)                                                      Signature Date

_____________________________________________________                        _________________________
Physician (sign and print name)         Signature Date

_____________________________________________________                        _________________________
Physician (sign and print name)                                                                                 Signature Date

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