

Louisiana State Board of Nursing
17373 Perkins Road, Baton Rouge, LA 70810
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www.lsbn.state.la.us

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

Advanced Practice Registered Nurses (APRN) with first/initial prescriptive authority (PA) approved in 2015 -

- I am exempt from the advanced practice pharmacology CE audit this year. 2015 was my first year approved by the State of Louisiana for initial prescriptive authority. (NOTE: Complete the ATTESTATION section prior to return to LSBN).

All other APRNs - please verify that you had completed the pharmacotherapeutics/pharmacology continuing education (CE) requirement during 2015 by marking the box below, sign and complete the ATTESTATION section at the bottom and **mail** the 'PA Form # 1 – Checklist' to the Louisiana State Board of Nursing (LSBN) **along with** photocopies of valid documentation proving your 2015 pharmacology CE compliance. **Mail all documentation together in one (1) envelope.**

Determination of compliance (or non-compliance) with LSBN mandatory 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.

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the audit satisfactorily by the specified date or falsification of information will result in the licensure being rescinded to become invalid and may result in disciplinary action against the licensee.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 Friday, October 14, 2016.**

- I am providing legible, unaltered photocopies of certificates for six (6) contact/credit hours in pharmacotherapeutics [pharmacology] CE completed in 2015 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 pharmacotherapeutic [pharmacology/Rx] credit; name of CE provider/company; and a printed 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 one of the following agencies or organizations:

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

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

*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. In order for the continuing education program to be approved by the board, the program shall:*

- a. *be provided by a board approved national certifying organization or provider approved by the board;*
- b. *include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health.*

ATTESTATION

I affirm and attest that I am the APRN identified below and have reviewed the information and documents provided herein prior to submission to LSBN. I further attest that all documentation is true and correct.

Signature of nurse

Louisiana APRN License Number

Date signed

PRINT/TYPE name of nurse