

# Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810  
Telephone: (225) 755-7500 or (225) 755-7517  
www.lsbn.state.la.us

## **INSTRUCTIONS FOR APPLYING FOR A CHANGE IN PRESCRIPTIVE AUTHORITY PRIVILEGES**

After creating or accessing your account, access the application within the Nurse Portal by selecting Manage Profile (in the upper left hand panel of the page that includes your name). Select Prescriptive Authority from the menu. Select edit (next to the green icon), review and update your prescriptive authority profile, then select Edit or Continue.

Alternatively, you may also access the application through the main dashboard page of your Nurse Portal account by selecting More then edit then Continue.

Following are instructions for an Advanced Practice Registered Nurse to apply for a **change in prescriptive authority**. Use this form if you are requesting to make a change in your prescriptive authority including:

- a. the addition of a ***new physician and a new site***, neither of which has previously been submitted to the board;
- b. the addition of a ***new site*** which has not previously been submitted to the board (associated with a previously approved physician);
- c. the addition of a ***new physician*** to a ***site that has previously been submitted*** to the board; or
- d. the addition of or change in ***controlled substance privileges***.

You are expected to complete all applications and forms carefully, correctly, and accurately. Incorrect or incomplete applications will delay processing of the application. Falsifying applications is illegal. 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.

If you wish to apply for prescriptive privileges in more than one role or population, there is a question at the end of the application in which you may indicate such.

**NOTE:** Louisiana nursing licenses and prescriptive authority credentials initially issued are **calendar** year that must be renewed before the expiration date. Subsequent renewals are biennial (every 2 years). All 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.

All fees are non-refundable. The application fee for a change in PA as described in a & b above is \$50.

**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.

*The APRN will be notified in writing via email when the PA application has been approved or if additional information is required.* Check the Nurse Portal for status updates as well 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.

## **SECTION A: ELIGIBILITY CRITERIA FOR PRESCRIPTIVE AUTHORITY FOR APRNS**

1. APRN must have previously been issued PA privileges to be eligible to apply for a change.
2. 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.

3. 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.
4. 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.
5. 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.
6. Compliance with rules of LSBN LAC46:XLVII including but not limited to Chapter 45.
7. Complete a 3-hour Board approved continuing education course to fulfill the Controlled Substance Authority CE Requirement if applying for controlled substance authority).

## **SECTION B: REQUIREMENTS FOR COMPLETING THE APPLICATION**

1. Submit completed application for prescriptive authority, fees and other required documents;
  2. An original, signed, notarized **Affidavit of Verification** sent directly to the LSBN office **via US postal mail** if not previously submitted as an APRN to the board <http://www.lsbn.state.la.us/Portals/1/Documents/Forms/AffadavitofVerificationAPRN.pdf>; and
2. Obtain and retain a signed collaborative practice agreement (CPA) per current statutes to be maintained on site;
  - a. Do not send or otherwise provide the CPA to LSBN.
  - b. APRNs must complete and utilize the CPA template provided by the board.
  - c. The CPA template is available on the LSBN website.
  - d. Customized forms and CPAs are not acceptable and are not in compliance with current rules.
3. *Attestation of Collaborative Practice* must be **uploaded** during the application process;
  - a. Collaborating physician(s) for the practice site with which the APRN is requesting collaborative practice and approval must be noted on this form;
  - b. Louisiana medical license number and practice specialty area must be provided for each physician.
  - c. The names of the physicians listed on the Attestation of Collaborative Practice must match the physicians signing the CPA.
  - d. 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.
  - e. **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.
4. Submit completed Letter for controlled substance application, if applicable (see additional instructions below);
5. Update your prescriptive authority profile in the Nurse Portal 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.
6. CE certificate of a 3-hour Board approved continuing education course approved by the board on controlled substance prescribing practices must be **uploaded** during the application process if applying for controlled substance authority.

## **SECTION C: CONTROLLED SUBSTANCE (CS) AUTHORITY**

APRN's requesting the addition of CS to their prescriptive authority must provide proof of completion of a board approved 3-hour continuing education course. This is a one-time requirement under current law. This three-hour requirement will be considered a part of, and not in addition to, the prescriber's annual CE requirement. The most current list of preapproved CE courses can be found [here](#). The Board may review and approve other CE course not on the list. The licensee is responsible for providing any and all supporting documentation provided by the CE provider (i.e. course description, course objectives, etc.) for consideration when reviewing CE courses that are not on the list (allow 4-6 weeks for review). The Board will not accept CE credits earned prior to January 1, 2018. **CE certificates must contain:** Title of program; quantification of hours awarded; attendee's name; dates (s) of program; name of accrediting organization, certifying body, or approved provider; and sponsoring organization (if applicable).

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 uploaded during the application process. Include the following information in the letter:

- a. 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.);
- b. Description of the patient benefits to be gained by the practice if the APRN is approved for CS;
- c. 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);
- d. 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, letter of explanation, and CE certificate (as described in section C) 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.

## **SECTION D: 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:LIII.2511), [www.pharmacy.la.gov](http://www.pharmacy.la.gov)
  - Federal law and regulations issued by the U.S. Department of Justice – Drug Enforcement Administration (DEA) [www.deadiversion.usdoj.gov](http://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 **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.

# LOUISIANA STATE BOARD OF NURSING

17373 Perkins Road, Baton Rouge, LA 70810 \* (225) 755-7500 or (225) 755-7521 \* [www.lsbns.state.la.us](http://www.lsbns.state.la.us) \*

## ATTESTATION OF APRN COLLABORATIVE PRACTICE

APRN Name: \_\_\_\_\_ Licensed role and population : \_\_\_\_\_

APRN license #: \_\_\_\_\_ Email address: \_\_\_\_\_

By signing below, the collaborating parties (referring to the APRN and collaborating physicians) depose and say that they are the parties 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:

- 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
- Written approval from LSBN for collaborative physicians must be obtained prior to clinical practice. Deleting physicians and sites must 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