

# Louisiana State Board of Nursing

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## VERIFICATION OF RENEWAL REQUIREMENTS FOR APRNs WITHOUT NATIONAL CERTIFICATION (COMMENSURATE)

(Form #VR-1)

Type/Print:

APRN Name: \_\_\_\_\_ APRN License #: AP \_\_\_\_\_

Identify APRN 'Commensurate' Licensed Role & Population Foci\*:

\* As licensed by LSBN. Examples: CNS-Adult Health, CNS-Adult Psych/Mental Health, FNP, ANP, etc.)

### Requirements for Licensure Renewal by Commensurate

Eligibility requirements for biennial licensure renewal for Advanced Practice Registered Nurses (APRNs) are delineated in LAC46:XLVII.4507.E.2 and state that an APRN *whose role and population focus does not provide for certification/recertification (commensurate requirements)* shall submit proof of the following to LSBN prior to biennial licensure renewal:

1. a minimum of 300 practice hours annually in advanced practice registered nursing as defined in R.S. 37:913.3.a. [verified by clinical manager] – *and* -
2. a minimum of 2 college credit hours per year of relevance to the advanced practice role; - *or* -
3. a minimum of 30 continuing education (C.E.) nursing contact [credit] hours approved by the Board each year. Continuing Medical Education Units (CME)s may be approved by the board to meet this requirement.

### Practice Hours

A minimum of 300 hours in clinical management of patients in your commensurate role and population focus at the advanced level is required each year. Advanced practice includes responsibility and accountability for health promotion and the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions. Required practice hours can be either through a paid employer or as a volunteer, but must be verified by both the APRN and his/her clinical manager at the bottom of this form. Faculty can use hours of direct clinical supervision of students for clinical practice. ***The direct clinical supervision must be related to the faculty member's advanced commensurate role and population focus.***

### Continuing Education

All continuing education (CE) hours **must** be at the advanced level (*advanced assessment, diagnosis and management of conditions, pharmacology, etc.*) and directly related to the scope of the advanced practice role and population focus for which commensurate APRN licensure has been granted.

Continuing education not directly related to the advanced role and population focus will not be accepted or counted toward renewal requirements. Repeat courses will not be accepted; you may only claim credit for a specific course once.

Continuing education at the advanced practice level and specific to the APRN's commensurate role and population focus will be accepted if CE documentation shows accreditation by a board-approved national certifying organization or one of the following:

- Any State Board of Nursing
- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Council for Pharmacy Education (ACPE)
- American Medical Association (AMA)
- American Nurses Association (ANA)
- American Nurses Credentialing Center (ANCC)
- American Academy of Family Physicians (AAFP)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Physician Assistants (AAPA)
- 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)

### ATTESTATION

We, the undersigned, attest by our signatures below that the above reference APRN has practiced a minimum of 300 hours annually in the advanced practiced registered nurse commensurate role and population focus indicated at that top of this form, as defined by R.S. 37:913.3.a, during the last two years and has met the required advanced continuing education requirements for annual license renewal:

\_\_\_\_\_  
Signature of the Advanced Practice Registered Nurse (type/print name at top of this form)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Type/Print both the company name & physical address of business and/or clinical site

\_\_\_\_\_  
Type/Print Name *and provide Signature* of Clinical Manager and their credentials (MD, APRN, etc.)

\_\_\_\_\_  
Date Signed

***Clinical Manager*** – a physician, clinical director, manager or supervisor with the above indicated facility/institution/business who can verify the APRN worked 300 practice hours each year (for the biennial renewal period) in their advanced commensurate role & foci for their company/institution.