APPLICATION FOR APRN-Rx - CONTROLLED SUBSTANCES

Read Requirements/Information before completing this form.

Application available via website at: hawaii.gov/dcca/pvl

FOR OFFICE USE ONLY		
Approved: ☐	Initials/Date:	
License No.	Effective:	

Legal Name (First, Middle)	(Last)
Residence Address (Include Apt. No., City, State and Zip Code)	
Mailing Address (**ONLY** if different from above)	

Other Names Used (Include maiden name)	U.S. Social Security Number	Phone No. (Days)

EDUCATION AND NATIONAL CERTIFICATION

Master's or Doctoral's Degree:	National Certification:
School:	Organization:
Degree:	Specialty:
Date Degree awarded:	Expiration of current certification:

STATE AND FEDERAL LICENSE AND REGISTRATION

Hawaii RN License No.:	Hawaii APRN No.:	Hawaii APRN-Rx No.: Effective:	Board of Nursing Approved Specialty Code(s):
Hawaii State Oral Code:	U.S. Drug Enforcement Agency No.:	NED No.:	

Please check your answers to the following questions as it pertains to the individual applying for APRN-Rx for controlled substances:

1. Has any license, recognition, authority, registration ever been revoked, suspended, or otherwise subject to disciplinary action? ..... ☐ Yes ☐ No
2. Are you presently being investigated or is any disciplinary action pending against your license, recognition, authority or registration in this State or any other jurisdiction? ..... ☐ Yes ☐ No
3. In the last 20 years, have you ever been convicted of a crime that has not been annulled or expunged? ..... ☐ Yes ☐ No

If you answered "Yes" to any of the above questions, please provide certified copies of documents pertaining to the prior of pending disciplinary action(s) or conviction, and continuing education completion certificates.

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 457-12, Hawaii Revised Statutes.)

I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 457 and 436B and Hawaii Administrative Rules, Chapter 89.

Print Form

Signature of Applicant _____ Date _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.