REQUIREMENTS/INFORMATION - **ADVANCED PRACTICE REGISTERED NURSES PRESCRIPTIVE AUTHORITY (APRN-RX)**

Access this form via website at: hawaii.gov/dcca/pvl

NO RECIPROCITY

Hawaii does not reciprocate with any other state or jurisdiction. Each applicant is required to meet requirements according to Hawaii laws and rules.

DEFINITIONS

"Advanced practice registered nurse (APRN)" means a Hawaii licensed registered nurse who has met the requirements of and received recognition as an advanced practice registered nurse from the Board of Nursing as a nurse practitioner, clinical nurse specialist, certified nurse midwife or nurse anesthetist.
"Board" means the Hawaii Board of Nursing.
"Collegial" means the power or authority vested equally in each of the working parties.
"Contact hour" means a minimum of fifty minutes of actual organized instruction. Academic credit will be converted to contact hours as follows:

(1) One quarter academic credit equals ten contact hours; and
(2) One semester academic credit equals fifteen contact hours.

"Department" or "DCCA" means the Department of Commerce and Consumer Affairs.
"Institution" means hospitals, health maintenance organizations, home health agencies, hospice programs, community health centers receiving state or federal funds, state agencies, clinics, physicians' offices, long term care facilities, and authorized contractors of the state.
"Physician" means a person licensed under chapter 453 or 460, Hawaii Revised Statutes.
"Recognized national certifying body" means credentialing agencies recognized by the board which include the American Nurses Credentialing Center; the National Certification Board of Pediatric Nurse Practitioners/Nurses; the National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties; the American College of Nurse Midwives Certification Council; the American Academy of Nurse Practitioners; or a national certifying body which is a successor to any body listed and recognized by the board.

PREREQUISITES

Each applicant is required to have a current and unencumbered recognition as an Advanced Practice Registered Nurse ("APRN") **and** be currently licensed as a Registered Nurse ("RN") in Hawaii. Three separate applications are required: RN, APRN and APRN-RX.

DOCUMENTS REQUIRED

1. Application form: You must attach the $50 application fee (non-refundable) for your application to be reviewed. You may attach the other fees or you may send those in later upon approval of your application; however, the effective date of your prescriptive authorization will be delayed until all fees have been paid.

   We are creating a separate file for APRN-RX recognition. As such, this file requires original documentation as required below. Similar documents that may be in Hawaii APRN recognition file will not be transferred unless recognition granted no more than 12 months prior.

2. Master's degree transcript: Arrange with your school to have your official transcript of a master's degree in clinical nursing or nursing science sent directly to the Department of Commerce & Consumer Affairs ("DCCA").

3. Certification of nursing practice specialty: Arrange with the recognized national certifying body to have proof of your current certification sent directly to DCCA.

4. Proof of education in advanced pharmacology, including advanced pharmacotherapeutics: Arrange with your educational institution or continuing education course provider to provide verification of the item you checked in question 3 of your application form. Refer to rules for continuing education requirements.

   To facilitate the review of your application, and to receive proper credit for your coursework, attach course descriptions from your college/university catalog or continuing education course provider. The applicant has the burden of proving he/she meets recognition requirements.

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FEES

Submit appropriate payment as follows (make check payable to "COMMERCE AND CONSUMER AFFAIRS"):

If you expect prescriptive authority to be granted in an EVEN-NUMBERED year, pay.....$160
($50-application fee + $20-RX fee + $70-Compliance Resolution Fund + $20-1/2 renewal)*

If you expect prescriptive authority to be granted in an ODD-NUMBERED year, pay.....$105
($50-application fee + $20-RX fee + $35-Compliance Resolution Fund)*

*The $50 application fee is non-refundable.

***NOTE**: One of the numerous legal requirements that you must meet in order for your new recognition to be issued is the payment of fees as set forth in this application. You may be sent a recognition certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required RX fee and your recognition will not be valid, and you **may not** do business under that recognition. Also, a $25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason you are denied the recognition you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for recognition has been denied.

MAILING ADDRESS

Board of Nursing
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
OR
Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:
Kauai - 274-3141 Ext. 6-3000
Maui - 984-2400 Ext. 6-3000
Hawaii - 974-4000 Ext. 6-3000
Molokai - 1-800-468-4644 Ext. 6-3000
Lanai - 1-800-468-4644 Ext. 6-3000

APPLICATION STATUS

APRN prescriptive authority requirements are subject to change as a result of new laws or rules, or from new policies and procedures adopted by the Hawaii Board of Nursing. Applicants must meet current recognition requirements.

It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The DCCA does NOT have an obligation to notify applicants of incomplete documentation. Applicants may contact DCCA periodically to monitor the status of their file with regard to the receipt of supporting documents.

You may write, or call the Licensing Branch at (808) 586-3000. We do not accept, nor send, application materials by fax.

ABANDONED APPLICATIONS

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application,

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ABANDONED APPLICATIONS (Cont.)

such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

LAWS AND RULES

APRN-RX is held accountable for knowing and complying with the laws and rules of advanced practice registered nurse prescriptive authority practice as failure to comply may result in disciplinary action. Obtain copies by submitting a written request to APRN-RX Authority, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Please indicate the specific chapters in your request.

- Advanced Practice Registered Nurse Prescriptive Authority, Hawaii Administrative Rules, Chapter 89C
- Nurses, Hawaii Revised Statutes, Chapter 457
- Nurses, Hawaii Administrative Rules, Title 16, Chapter 89
- Professional & Vocational Licensing Law, Hawaii Revised Statutes, Chapter 436B
- *Food, Drugs & Cosmetics, Hawaii Revised Statutes, Chapter 328

***NOTE**: For your information, the Department of Health, Food and Drug Branch, has jurisdiction over the laws relating to drugs (Chapter 328, HRS). Questions relating to prescriptions and over-the-counter drugs, other laws relating to drugs, and information on how to obtain a copy of the laws and rules should be directed to the Department of Health, Food and Drug Branch at (808) 586-4725.

The laws and rules are also posted on the website at: hawaii.gov/dcca/pvl. Click on "APRN-RX".

ADDRESS CHANGES

Report your change of address in writing. Report each change of address separately, and the effective date of change.

RENEWAL OF RECOGNITION

All APRN-RX authority, **regardless of when issued**, expire on December 31 of each **odd-numbered** year and are subject to renewal by the expiration date. A "Renewal Application" is mailed approximately 60 days prior to the expiration date to your last address on file with DCCA. DCCA is not responsible for non-receipt of any mail. The burden is on the APRN-RX to ensure that his/her recognition is kept current.

Refer to section 16-89C-20, Advanced Practice Registered Nurse Prescriptive Authority, Hawaii Administrative Rules, for license renewal requirements on current certification, continuing education, etc.

ORAL CODE DESIGNATION

The Department of Health, Food & Drug Branch, in cooperation with the Department of Public Safety, Narcotics Enforcement Division ("NED"), has jurisdiction over assignment of your oral code designation.

MAINTENANCE OF LICENSE

Any encumbrance on one nurse license shall automatically and similarly affect any other nursing license, recognition as an APRN, or prescriptive authority held by that nurse (§16-89C-25, HAR). See §16-89C-30, HAR for grounds for disciplinary action.

Print Form

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.