

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

VERIFICATION OF NURSE PRACTITIONER EDUCATION FORM

Must be received directly from the Nurse Practitioner Program

Part I Applicant: Complete the information in this area and forward to the Nurse Practitioner Educational Program.

Name Last First Middle Maiden

Mailing Address Number Street apt. City State Zip

Birth Date Social Security Number

Nurse Practitioner Education Program:

Name of Institution Degree Granted

Date of Completion Location of Program

I hereby authorize Name of University to release my educational data to the New Mexico Board of Nursing.

Applicant's Signature Date

Part II Nurse Practitioner Program: Please complete the following regarding the above noted applicant's Nurse Practitioner program.

1. Was the applicant's nurse practitioner program a graduate level nursing program, designed for the education and preparation of nurse practitioners as providers of primary, and/or acute, and/or chronic, and/or long-term, and/or end of life health care? Yes No If no explain

2. Was the applicant's educational program offered through a regionally accredited college, university, or military? Yes No If no, please explain

3. Verifies 400 hours of clinical experience in which prescribing dangerous drugs has occurred within the two (2) years immediately preceding the date of the application. Individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a licensed CNP, CNS or physician. The preceptorship must be completed within six (6) months and a letter of authorization will be issued for the duration of the preceptorship. Yes No: if no, please explain

4. What was the applicant's specialty preparation?

5. Indicate the degree awarded and completion date?

Signature of Program Director

SCHOOL SEAL

Print Name & Title

Telephone Number

Date

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

AFFIDAVIT REQUESTING PRESCRIPTION WRITING

_____ I wish to make application to prescribe controlled substances.
Yes No

Nurse Practitioner Signature: _____ Date: _____

CNP's RN License #: _____ Expiration Date: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

STATE OF) _____)SS
COUNT OF _____)

I hereby certify that _____ has signed in
type /print name
my presence on this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

SEAL

REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY

In accordance with applicable state and federal laws, the CNP who fulfills the following requirements may prescribe and distribute dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substances Act.

16.12.2.13(N)(5)(a)

(5) CNPs who have fulfilled requirements for prescriptive authority may prescribe and distribute dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act within their clinical specialty and practice setting.

(a) Requirements for prescriptive authority: In accordance with applicable state and federal laws, the CNP who fulfills the following requirements may prescribe and distribute dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act.

(i) Verifies 400 hours of work experience in which prescribing dangerous drugs has occurred within the two (2) years immediately preceding the date of the application. Individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a licensed CNP, CNS or physician. The preceptorship must be completed within six (6) months and a letter of authorization will be issued for the duration of the preceptorship.

(ii) In order to prescribe controlled substances, the CNP must provide the board of nursing with verification of current state controlled substances registration and current DEA number, unless the CNP has met registration waiver criteria from the New Mexico board of pharmacy (Subsection I 16.19.20.8 NMAC). CNPs may not possess, prescribe or distribute controlled substances until they have both a current state controlled substances registration and a current DEA registration.

(iii) Once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements.

(b) Formulary. It is the CNP's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNP's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNP. Licensees may be subject to disciplinary action by the board of nursing if non compliant with the audit.

(c) Prescription records; written, verbal or electronic prescriptions and orders will comply with state board of pharmacy and federal requirements. All prescriptions will include the name, title, address, and phone number of the prescribing advanced practice registered nurse.

(d) Distributing: CNPs, who have fulfilled requirements for prescriptive authority as stated in these rules, and defined by the board of pharmacy may distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act, which have been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act [61-11-22] and the Drug, Device and Cosmetic Act for the benefit of the public good.

(e) Labeling: CNPs may label only those drugs which the CNP prescribes and distributes to patients under the CNP's care. The medication shall be properly labeled with the patient's name, date of issue, drug name and strength, instructions for use, drug expiration date, number dispensed and name, address and telephone number of the CNP. Labeling may be handwritten or a pre-printed fill-in label may be used. All information shall be properly documented in the patient record.

(f) CNPs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

(g) CNPs may prescribe, provide samples of and dispense any dangerous drug to a patient where there is a valid practitioner-patient relationship as defined in 16.12.2.7 NMAC.

PRECEPTOR PLAN FOR PRESCRIPTIVE AUTHORITY

The following documents must be received prior to approval of preceptor plan for Prescriptive Authority.

- a. Completed application
- b. Official Transcript
- c. Verification of Nurse Practitioner Education Form.
- d. Verification letter from Preceptor
- e. Formulary

When requesting a letter of authorization to complete a 400 hour supervised preceptorship to meet the requirements for Prescriptive Authority the Nurse Practitioner is to provide the following information in writing:

1. Beginning and ending dates
2. Name of the preceptor and specialty.
3. Name of institution

The Nurse Practitioner is also to have the preceptor (CNS, CNP or Physician) verify that they will provide supervision, in writing, on agency letterhead. The verification is to be sent directly from the preceptor to the New Mexico Board of Nursing.

After the plan is approved the authorization letter will be sent directly to the preceptor. The Nurse Practitioner may not begin the preceptorship until the course has been approved and the preceptor has received the authorization letter. The preceptorship must be completed within six months.

At the end of the preceptorship, written verification of completion of 400 clock hours in the prescription of dangerous drugs, is to be sent directly to the New Mexico Board of Nursing by the preceptor.

**PROCEDURE TO OBTAIN BOARD OF PHARMACY STATE CONTROLLED SUBSTANCES
REGISTRATION AND DEA REGISTRATION**

TO: Interested Nurse Practitioner

FROM: New Mexico Board of Nursing

PREREQUISITE: Licensure as a Nurse Practitioner

REGARDING: Authorization to prescribe and distribute controlled substances (Schedules II Through V)

PROCEDURE:

1. The requirement for Prescriptive Authority must be completed and all required documentation must be received in the Board of Nursing Office. (See "Requirement for Prescriptive Authority")
16.12.2.13(N)(5)(a)

NURSE PRACTITIONER- If you indicate on the CNP application/Prescription Affidavit that you wish prescribe/distribute controlled substances the Board of Nursing will send a letter to the Board of Pharmacy authorizing Nurse Practitioner to apply for a state controlled substance license and DEA registration.

1. Contact the Board of Pharmacy to request a state controlled substance application and DEA application. Complete and return both applications according to the instructions.
3. After receipt of the state controlled substances registration and the DEA registration the Nurse Practitioner must send a copy of the license and registration to the Board of Nursing.

CNP's may not possess, prescribe or distribute controlled substances until they have both a current state controlled substances registration and a current DEA registration.

POLICY OF NONDISCRIMINATION ON THE BASIS OF DISABILITY

The Board of Nursing does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities.

Applicants for licensure or certification may request assistance reading and/or completing application documents and other printed materials produced by the Board of Nursing.