

Wisconsin Department of Safety and Professional Services

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BOARD OF NURSING

INFORMATION FOR COMPLETING CERTIFICATION OF ADVANCED PRACTICE NURSE PRESCRIBERS APPLICATION

REQUIREMENTS:

An applicant for initial certification to issue prescription orders shall be granted a certificate by the board if the applicant complies with all of the following:

- a) Has a current active license to practice as a professional nurse in this state.
- b) Is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.
- c) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, must hold a master's degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.
- d) Has completed at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the date of application for a certificate to issue prescription orders.
- e) Has passed a jurisprudence examination for advanced practice nurse prescribers.

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

1. **Application (Form #2124):** Complete the enclosed application and attach the appropriate fee. Make check payable to "Department of Safety & Professional Services" and mail to the Board of Nursing at PO Box 8935, Madison WI 53708-8935. *See page 2 of this application for other required documents.*
2. **Certification of Master's Degree (Form #2367):** Complete and forward to the college or university at which you received your master's degree. This form must be returned directly from your school to the Board of Nursing at PO Box 8935, Madison WI 53708-8935. **Forms received from the applicant will be rejected by the board.** If the school you graduated from is closed, contact the Department of Public Instruction in the state where you graduated to determine where the records for the closed school were transferred.
3. **Verification of your current national certification as a nurse practitioner, certified nurse-midwife, or clinical nurse specialist:** Contact your national certifying body to request a verification be sent directly to the Board of Nursing, P.O. Box 8935, Madison, WI 53708-8935.
4. **Verification of Licensure:** We require verification from every state in which you have ever held prescriptive authority whether active or inactive.
Please complete DSPS Form #741. You must first contact each state board prior to forwarding Form #741 to see if a fee is required for this service. The completed Form #741 must be returned directly from the other state board to the Wisconsin Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. **Verifications received from the applicant will be rejected by the Board.**
5. **Jurisprudence Examination:** All candidates are required to successfully complete an examination on Wisconsin Statutes and Rules relating to the practice of advanced practice nurse prescribers. This exam is available online at dsps.wi.gov. Once we receive and process your application (Form #2124) and fee, we will mail you a logon ID number and password information. This information will allow you access to the online exam.
6. **Malpractice Insurance Coverage:**
Advanced practice nurse prescribers who prescribe independently shall maintain in effect malpractice insurance evidenced by one of the following:
 - a) **Personal Liability Coverage:** Submit a copy of your certificate of insurance showing the limits of personal liability coverage in the amounts of (\$1,000,000/\$3,000,000) including dates of coverage.

OR

Coverage under a group liability policy providing individual coverage for the nurse in the amounts of (\$1,000,000/\$3,000,000):

 - a) **Certificate of Insurance:** Submit a copy of your certificate of insurance showing the limits of personal liability coverage in the amounts of (\$1,000,000/\$3,000,000) including dates of coverage.

Wisconsin Department of Safety and Professional Services

- b) **Certification form for advanced practice nurse prescribers who do not carry personal liability insurance coverage (Form #2157).** Complete this form to correspond with the type of coverage provided under the group policy. Please review the enclosed “Advanced Practice Nurse Prescriber Application Information” (Form # 2151) to determine your coverage.
- c) **Current Employment Verification:** Request your employer to submit a letter verifying your current employment status directly to the Board of Nursing, PO Box 8935, Madison WI 53708-8935.

GENERAL INFORMATION:

Every advanced practice nurse prescriber who is certified to issue prescription orders shall annually submit to the board by October 1st of each year satisfactory evidence that he or she has in effect malpractice insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 for all occurrences in one year.

Biennial renewal: Renewal of certificates are before October 1st of even-numbered years as required by law if engaged in the practice as an advanced practice nurse prescriber. Renewal applications will be mailed 6-8 weeks prior to the renewal date and are to be returned with the renewal fee as specified in sec. 440.08(2), Stats. It will be necessary for the individual who is certified prior to October 1 of the biennial renewal period to renew if engaged in practice as an advanced practice nurse prescriber. Fees for renewing certificates are not prorated.

You must renew your license to practice as a professional nurse in order to hold a valid certificate to practice as an advanced nurse prescriber. Renewal of the advanced practice nurse prescriber certificate is conducted as a separate procedure from the renewal of the professional nurse license.

Continuing Education: Advanced practice nurse prescribers must document completion of an average of at least 8 contact hours per year in clinical pharmacology/therapeutics relevant to the area of practice. Evidence of completion of required continuing education shall be submitted to the Board on a schedule consistent with the schedule for submission of continuing education hours established by the national certifying body. You are required to maintain evidence of completion of continuing education for a minimum of 5 years.

No person may practice or attempt to practice as an advanced practice nurse prescriber or use the title advanced practice nurse prescriber or append to his or her name the letters’ A.P.N.P. or otherwise indicate that he or she is certified to practice as an advanced practice nurse prescriber unless he or she is currently certified under sec. 441.16(2), Stats.

DEA REGISTRATION INFORMATION: The U.S. Drug Enforcement Administration (DEA) has authorized the issuance of mid-level practitioner registration numbers to APNP’s.

Certified advanced practice nurse prescribers who anticipate that their practice will include preparing prescription orders for controlled substances will be required to register with the DEA on forms provided by that agency. Forms may be ordered from U.S. Drug Enforcement Administration, 230 S. Dearborn St. #1200, Chicago IL 60604, 1-800-882-9539 toll free 24 hrs. a day.

MAILING INSTRUCTIONS:

Mail the application, the appropriate fee, and supporting documentation to the following address:

U.S. Postal Service: DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES
BOARD OF NURSING
PO BOX 8935
MADISON WI 53708-8935

Expedited Delivery Services: DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES
(i.e. Fed Ex, UPS, etc.) BOARD OF NURSING
1400 E. WASHINGTON AVENUE
MADISON WI 53703