STATE OF WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 DEE DRIVE, CHARLESTON, WV 25311-1620
TELEPHONE (304) 558-3596 or 1-877-743-NURS(6877) FAX (304) 558-3666
www.wvrnboard.com email: rnboard@wv.gov

APPLICATION FOR INITIAL PRESCRIPTIVE WRITING PRIVILEGES
PLEASE TYPE OR PRINT LEGIBLY

Fee $125 - Paid by check or money order ONLY (Not Refundable)
Make Payable to WV RN BOARD

WV RN License #
Name and Credentials of Advanced Practitioner _____

Home Address_____
_____
Zip _____

Work Address _____
_____
Zip _____

Home Phone _____ **Work Phone** _____

Home Email _____ **Work Email** _____

Social Security Number _____-_____-_____ **Date of Birth** _____-_____-_____

Have you ever been convicted of a felony that has not been previously reported to the WV RB Board?
Circle One) YES NO (If yes, send additional information)

Have you ever or are you currently serving in a branch of the military?
YES NO
If so which branch? _____

Have you ever been discharged from a branch of the military with anything other than an honorable discharge?
YES NO**
YES If yes send explanation and certified copy of your DD214.**

Have you ever been convicted of a misdemeanor or pled nolo contendere or deferred prosecution, or been pardoned in relation to any crime that has not been previously reported to the WV RN Board? (Any conviction exclusive of minor traffic violations such as speeding or parking violations must be reported)
(Circle One) YES NO (If yes, send additional information)

Do you have any criminal charges currently pending in any state, territory or country that have not been previously reported to the WV RN Board?
Circle One) YES NO (If yes, send additional information)

Has a complaint ever been filed against your RN license in West Virginia that has not been dismissed?
Circle One) YES NO (If yes, send additional information)

Has a complaint ever been filed against your RN license in any other state, territory or country that has not been dismissed?
Circle One) YES NO (If yes, send additional information)

Are disciplinary charges pending against any license in this state, or any other state, territory or country that have not been previously reported to the WV RN Board?
(Circle One) YES NO

Has your nursing practice ever been monitored for any reason, disciplinary action or otherwise, by any facility, board or group that has not been previously reported to the WV RN Board?
(Circle One) YES NO

Have you ever or are you currently abusing prescription or over the counter medications?
(Circle One) YES NO

Have you ever or are you currently using illegal drugs?
(Circle One) YES NO (If yes, attach statement)

Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?
(Circle One) YES NO (If yes, attach statement)

Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of registered professional nursing?
(Circle One) YES NO (If yes, attach statement)

Do you have a child support obligation?
(Circle One) YES NO

Do you have an arrearage that equals or exceeds the amount of child support payable for six (6) months?
(Circle One) YES NO

Are you the subject of a child support subpoena or warrant?
(Circle One) YES NO

Do you own all or part of a business that operates within West Virginia?
(Circle One) YES NO If YES, list the FEIN#_____

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This is to certify that _____ is personally known to me (must have known for at least five (5) years) , and that he/she is of good moral character, I hereby recommend him/her to the State of West Virginia Board of Examiners for Registered Professional Nurses pursuant to law.

Print Name _____ Position _____

Years Known _____Signature _____ Date _____

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Signature _____ Date _____

All prescriptive authority privileges expire on June 30 of odd years. Therefore, in odd years, an application submitted in March and approved in April will still expire on June 30. Fees are not pro-rated.

ITEMS THAT MUST BE SUBMITTED WITH THIS APPLICATION	DO NOT WRITE IN BOX
1. Verification of completion of an accredited course of instruction in pharmacology during undergraduate study. Required documentation is in the form of an official transcript or a letter on school letterhead from the dean or director of the undergraduate program. (The undergraduate transcript is required even when a Master's Degree has been completed. This transcript may be on file with the Board if the applicant was approved by WV for initial RN licensure. Please check with the Board to verify if the transcript is on file. A letter from the dean or director of the undergraduate program will be required if the transcript does not indicate a pharmacology course.)	_____ DATE RECEIVED _____ RECEIPT # _____ TRANSCRIPT/S
2. Proof of successful completion of at least forty-five (45) contact hours of education in pharmacology and clinical management of drug therapy under a program APPROVED BY THE BOARD, fifteen (15) of which shall be completed within the two (2) year period immediately before the date of application.	_____ PHARMACOLOGY/ DRUG MANAGEMENT COURSE
3. Documentation of the use of pharmacotherapy in clinical practice in the education program from the dean or director of the graduate program.	_____ ADVANCED PRACTICE CERTIFICATION TYPE
4. Proof of current Advanced Practice Certification. This is on file if the applicant has a current WV APRN license.	_____ APRN EXPIRATION DATE
5. A certified copy of the collaborative agreement. A certified copy has original signatures of the APRN and the collaborative physician, or is a notarized true copy of the agreement.	_____ RN LICENSE # _____
6. A fee of $125.00. This should be made payable to the West Virginia Board of Examiners for Registered Professional Nurses and may be in the form of a personal check. The application and fees are valid for 6 months from the date of receipt of the fees. At the end of six (6) months the application is considered abandoned if no activity related to the application has occurred. Once expired, a new application, documents and fee are required for processing. Fees are non-refundable.	ACTIVE Y ___ N ___ _____ BOARD APPROVAL _____ RX AUTHORITY #

ALL ITEMS MUST BE IN THIS OFFICE AND APPROVED BEFORE PRESCRIPTIVE AUTHORITY IS GRANTED. AN APRN CANNOT WRITE ANY PRESCRIPTIONS UNTIL APPROVAL IS GRANTED IN WRITING BY THE BOARD.

TEMPORARY PERMISSION FOR PRESCRIPTIVE WRITING PRIVILEGES WILL NOT BE GRANTED UNDER ANY CIRCUMSTANCES.

ALLOW 30 DAYS FROM THE DATE OF SUBMISSION OF ALL DOCUMENTATION FOR PROCESSING OF PRESCRIPTIVE AUTHORITY. MISSING, INCOMPLETE, OR INCORRECT DOCUMENTATION WILL DELAY APPROVAL OF THE APPLICATION.

*** IF YOU APPLY FOR A DEA NUMBER, YOU ARE TO FILE ANY AND ALL DEA REGISTRATIONS AND NUMBERS WITH THIS BOARD. ***

Do not apply for your DEA registration until you receive confirmation that your prescriptive authority is approved. The DEA cannot process your application until you have prescriptive privileges.

Contact information is below to apply for federal drug enforcement number relating to prescriptive writing privileges:

Web Site for registration form: http://www.deadiversion.usdoj.gov/drugreg/
DEA CHARLESTON RESIDENT OFFICE
Union Square
2 Monongalia Street, Suite 300
Charleston, WV 25302

Diversion Number: (304) 347-5209
Diversion Fax: (304) 347-5212 PHONE NUMBER: (877) 330-6670

When you receive your DEA certificate, please fax (304-558-3666) or email (rnboard@wv.gov) a copy of the certificate to the Board.

Revised 07-14-2016