

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 PRESCRIPTIVE WRITING PRIVILEGES
PLEASE TYPE OR PRINT LEGIBLY
Fee \$125 (Not Refundable)

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

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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 _____

**Verification of Collaborative agreement For Prescriptive Writing Privileges
(Complete for each physician*)**

I, _____, (license number) _____/RXA number _____) certify by my signature that a collaborative agreement exists between myself and Dr. _____, (license number _____) and that written guidelines/protocols for prescriptive practice are signed and in place. My collaborative agreement with Dr. _____ begins on _____ expires on _____ (cannot exceed expiration date of June 30, 2017) and expires with termination of my employment. Both myself and the above named physician have read and understand the regulations pertaining to prescriptive writing privileges (Federal and State prescribing laws including West Virginia Code for Registered Professional Nurses §30-7-15a, b, c; §30-15-7a,b,c for midwives; and West Virginia Rule §19CSR8. I understand that for prescriptive writing privileges, this collaborative agreement shall include, but is not limited to the following:

1. Mutually agreed upon written guidelines or protocols for prescriptive authority as they apply to the APRN's prescriptive practice;
2. Statements describing the individual and shared responsibilities of the APRN and the physician pursuant to the collaborative agreement between them;
3. Periodic and joint evaluation of prescriptive practice; and
4. Periodic and joint review and updating of the written guidelines or protocols.

I further understand that I must ensure that a current verification of collaborative agreement is on File at the Board office. I understand that I must have at least one current collaborative agreement verification on file at the Board office at all times. When my collaborative agreement is no longer valid (i.e. dissolution of the agreement, agreement not renewed, termination of my employment), I understand that I am to notify the Board immediately. I further understand that my prescribing privileges are for practice only in the state of West Virginia and that my prescribing practice may be audited and/or reviewed by the Board. I will practice according to Federal and State Law, the standards of practice in my specialty area, my education and documented competence.

Furthermore, I, the undersigned, being duly sworn, according to law, do depose and say that I am the person making this application; that the statements therein are true to the best of my knowledge and belief; I have read and understand the law and Rule pertaining to prescriptive authority; I understand that failure to comply with requirements for licensure, and that knowingly supplying false information on or with this verification is a violation of WV Code §30-7-1 et. seq. and subjects me to the full range of disciplinary action described therein.

Applicant's signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

My commission expires _____.

(SEAL)

Signature of Notary Public

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.

<p>ITEMS THAT MUST BE SUBMITTED WITH THIS APPLICATION</p> <ol style="list-style-type: none"> 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 <u>or</u> 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.) 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 <u>APPROVED BY THE BOARD</u>, fifteen (15) of which shall be completed within the two (2) year period immediately before the date of application. 3. Documentation of the use of pharmacotherapy in clinical practice in the education program from the dean or director of the graduate program. 4. Proof of current Advanced Practice Certification. This is on file if the applicant has a current WV APRN license. 5. A <u>certified</u> copy of the collaborative agreement. A certified copy has original signatures of the APRN and the collaborative physician, <u>or</u> is a notarized true copy of the agreement. 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. 	<p><u>DO NOT WRITE IN BOX</u></p> <p>_____</p> <p>DATE RECEIVED</p> <p>_____</p> <p>RECEIPT #</p> <p>_____</p> <p>TRANSCRIPT/S</p> <p>_____</p> <p>PHARMACOLOGY/ DRUG MANAGEMENT COURSE</p> <p>_____</p> <p>ADVANCED PRACTICE CERTIFICATION TYPE</p> <p>_____</p> <p>APRN EXPIRATION DATE</p> <p>_____</p> <p>RN LICENSE #</p> <p>_____</p> <p>ACTIVE Y ___ N ___</p> <p>_____</p> <p>BOARD APPROVAL</p> <p>_____</p> <p>RX AUTHORITY #</p>
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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.