



REQUIREMENTS AND INSTRUCTIONS FOR INITIAL NURSE PRACTITIONER LICENSURE

REQUIREMENTS

1. Current RN license.
2. Successfully complete a formal 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. The program must be offered through an accredited institution of higher education or through the armed services.
 - A. Nurse Practitioners who are initially licensed by the board after January 1, 2001 must be educated in a nurse practitioner program that is at the master's level or higher.
3. Educational program must be at least one academic year in length of full time study with approximately 1/3 of the program didactic and 2/3 preceptorship.
 - A. Didactic hours must include 24 contact hours of pharmacology.
4. National Certification as a nurse practitioner.
5. Current Formulary.
6. For those who wish to prescribe/distribute controlled substances, instructions are enclosed.

SUBMIT THE FOLLOWING DOCUMENTS:

1. Complete application and fee.
2. Official Transcript of nurse practitioner program must be received directly from the Registrar's Office.
3. Completed Verification of Nurse Practitioner Education Form must be received directly from the program.
4. Verification of initial certification must be received directly from the National Certification Organization.
5. Affidavit of Prescriptive Writing.
6. A current formulary of dangerous drugs that may be prescribed.
7. For those who wish to prescribe/distribute controlled substances, instructions are enclosed.
8. GNPs must request that the National Certification Organization send verification of initial certification to the Board of Nursing.

NOTE: Applicant may not practice as a CNP until notified by the Board.

TO REQUEST A WORK PERMIT

Exclusion: Nurse Practitioners with lapsed national certification are not eligible for a permit to practice.

1. Requirements must be met for licensure as a nurse practitioner except national certification.
2. Attach a letter of intent to hire as a graduate nurse practitioner (GNP), on official letterhead from the prospective employer including the name of the individual who will provide the direct practice supervision (physician, NM CNP or CNS) and direct prescription writing supervisor (physician, NM CNP or CNS) and
3. Written verification received directly from the National exam organization on official letterhead indicating that applicant has made application and been accepted to sit the national exam. The eligibility dates for taking the exam must also be indicated.
4. The GNP must inform the Board of Nursing with the **confirmation number** after the appointment for the exam has been completed.

NOTE:

Applicant may not practice as a GNP until notified by the Board.

GNP's may not distribute medications.

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

NURSE PRACTITIONER APPLICATION FORM

I hereby make application for licensure to practice as a nurse practitioner in accordance with the Nursing Practice Act of the State of New Mexico and enclose the fee of \$100.00.

Fees are not refundable
Personal Checks/Demand Drafts/Debit cards are not acceptable

If the licensure process is not completed, the application becomes null and void one (1) year after date of last noted activity.

LEGAL NAME: Last First Middle Maiden

ADDRESS: Number Street Apt. #

City State Zip

Date of Birth: Work Phone

Social Security # Home Phone

NM RN License # or Date applied for

NURSE PRACTITIONER EDUCATION

Institution Name Location

Date Entered Date Completed Degree Granted

1. Has disciplinary action ever been taken against your license? No Yes

2. Is disciplinary action pending against your license? No Yes

3. Have you been convicted of a felony or are you now charged with any felony in any state or federal court? Please include any felony charges that resulted in a guilty plea, nolo contendere plea or a deferred or suspended sentence. A felony is generally a criminal charge with the potential punishment of at least one year in prison in jail. If in doubt, disclose the charge or conviction with a copy of all relevant documents. Failure to properly disclose a charge or conviction may result in disciplinary action being taken against you by the Board of Nursing.

No Yes If yes, Where Date

If yes to the above, please explain fully on a separate page and submit copies of legal documents.

I certify to the truth and accuracy of all statements, answers, and representations made on this application.

Signature Date

Please check one of the following cards []MASTERCARD []VISA

CREDIT CARD # EXPIRATION DATE

SIGNATURE

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VERIFICATION OF NURSE PRACTITIONER EDUCATION FORM

Must be received directly from the Nurse Practitioner Program

Part I Applicant: Complete all information in the shaded area and forward this form to the nurse practitioner educational program.

Name Last First Middle Maiden other name(s) used

Mailing Address Number Street Apt. City State Zip

Birth Date Social Security Number Month/Day/Year

Nurse Practitioner Education Program:

Name of Institution Degree Granted or Certificate Granted
Date of Completion Location of Program

I hereby authorize Name of School or Program to release my educational data to the NM Board of Nursing.

Applicant's Signature Date

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

1. Was the applicant's nurse practitioner program a formal 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, please explain

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

If no, please explain

3. Was the applicant's program one full academic year of full time study? Yes No If no, please explain

4. Was 1/3 of the applicant's program devoted to didactic followed by a preceptorship by a physician and/or licensed nurse practitioner, which comprises 2/3 of the program? Yes No If no, please explain

5. Did the applicant's program include 24 contact hours (1 academic credit = 15 contact hours) of didactic pharmacology?

Yes No If no, please explain

6. What was the applicant's specialty preparation?

SIGNATURE OF NP PROGRAM DIRECTOR

PRINT NAME

SCHOOL SEAL

TITLE

INSTITUTION

TELEPHONE NUMBER

DATE



AFFIDAVIT VALIDATING PRESCRIPTION WRITING

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

Nurse Practitioners Signature: _____ Date: _____

NP'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



TO: INTERESTED NURSE PRACTITIONERS/GRADUATE NURSE PRACTITIONERS

PREREQUISITE: LICENSURE AS NURSE PRACTITIONER/PERMIT TO PRACTICE AS A GRADUATE NURSE PRACTITIONER

REGARDING: AUTHORIZATION CONTROLLED SUBSTANCES (SCHEDULES II through V)

PROCEDURE:

- A. NURSE PRACTITIONER-** If you indicate on the affidavit that you wish to prescribe/distribute controlled substances the Board of Nursing will send a letter to the Board of Pharmacy authorizing the nurse practitioner to apply for a state controlled substance license and DEA registration.

 - B. GRADUATE NURSE PRACTITIONER-**If you indicate on the affidavit that you wish to prescribe controlled substances the Board of Nursing will send a letter to the Board of Pharmacy authorizing the graduate 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.**

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

GNPs may not possess or prescribe controlled substances until they have both a current state controlled substances registration and a current DEA registration.

GNPs may not distribute medications.

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. Hearing impaired persons call TTY (800-659-8331).