



REQUIREMENTS AND INSTRUCTIONS FOR NM NURSE PRACTITIONER LICENSURE BY ENDORSEMENT

I. PREREQUISITES FOR ADVANCED PRACTICE LICENSURE

- A. Hold a current, valid NM RN license and current compact license.
- B. 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
 - The program must be one full academic year of full-time study with approximately 1/3 of the program devoted to didactic and 2/3 to a preceptorship with a physician and/or certified (licensed) nurse practitioner. Didactic hours must include twenty-four (24) contact hours of pharmacology.
 - If the applicant is initially licensed by any board of nursing including the NM Board after January 1, 2001, the program must be at the master's level or higher. Applicants who do not hold a master's level or higher degree from a nurse practitioner program and were initially licensed by any board before January 1, 2001 must provide verification of NP licensure.
- C. Evidence of national certification as a nurse practitioner. Applicant licensed by any board before December 5, 1985 are not required to hold national certification.
- D. Applicants who meet the minimum didactic and pharmacology requirements, but lack the required preceptorship, may be considered for licensure if satisfactory evidence can be provided of at least two years nurse practitioner experience in another jurisdiction.
- E. Nurse practitioners who will be requesting prescriptive authority must also comply with the requirements for prescriptive authority as outlined in the attached rules subsection O of paragraph (5) of subparagraph (a) of 16.12.2.13.

II. APPLICATION PROCEDURE

- A. Complete ALL questions on the application: indicate N/A in any blank that does not apply to you. Sign and date the application.
- B. Fee is acceptable in the form of US money order, cashier's check drawn on US bank and made out to the NM Board of Nursing or credit cards, MasterCard and Visa. Cash in the exact amount is accepted; **DO NOT MAIL CASH**. The Board office is not responsible for cash if mailed. Personal checks/demand drafts/Debit cards are **NOT** accepted. **ALL FEES ARE NONREFUNDABLE**.
- C. Mail application, fee and other required documents to the NM Board of Nursing Office. If you fax in your application, please do not mail in original as you run the risk of being charged twice.
- D. Send the endorsement request form to the state (s) where you are licensed as a Nurse Practitioner. **NOTE:** Applicants who do not hold a Masters or higher degree from a nurse practitioner program must verify licensure by any board before January 1, 2001. Send an additional endorsement request form to state who can verify advanced practice licensure before January 1, 2001. **Copies can be made of endorsement form.**
 - Endorsement request forms **MUST** be received directly from that Board.
 - Check with other Board(s) regarding the fee charged by that state to verify advanced practice licensure.
- E. Submit the following documentation for prescriptive authority:
 - Affidavit Validating Prescription Writing
 - Current Formulary
 - Individual unable to validate prescription writing must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a licensed CNP, CNS or physician. Please request an application to do a preceptorship.

**II. APPLICATION PROCEDURE (cont'd)**

- F. Submit a copy of current national certification:
- Nurse Practitioners licensed by any board before December 2, 1985 are not required to hold national certification.
 - A temporary license may be issued to applicants requesting one. If applicant was not required to hold national certification by another jurisdiction, proof of national certification must be submitted before a license will be issued.
- G. **NURSES FROM COMPACT STATES** – Submit a copy of the Compact License. An NM Advanced Practice License will be issued with the same expiration date as the Compact License.

III. PROCEDURE FOR REQUESTING TEMPORARY LICENSE (TL)

- A. Temporary Licensees are valid for a maximum of six (6) months from the date of application. A Temporary License is not renewable and shall not be copied. It becomes void upon expiration or issuance of current NM CNP license.
- B. Temporary Licenses may be issued for endorsees upon written request, provided all requirements for CNP licensure have been met except certification by a national nursing organization. Proof of National Certification must be submitted to the board before a current license will be issued.

IV. GENERAL INFORMATION

- Incomplete applications or applications lacking required documents delay the processing of the application.
- Only LEGAL name is used for licensure purposes in NM
- Inaccurate or false information on the application may be grounds for withdrawal of the TL, permit-to-practice or current advanced practice license by the Board.
- NM advanced practice licenses will be issued for two (2) years.
- Applications become NULL and Void if the licensure process is not completed within one (1) year of the date of last noted activity.
- Applicants who have had disciplinary action taken or pending against a license in another state or who have had a felony conviction may not be issued a temporary license until authorized by the New Mexico Board of Nursing
- **IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSURE THAT ALL ENDORSEMENT REQUIREMENTS ARE MET AND DOCUMENTS ARE RECEIVED BY THE NM BOARD OF NURSING PRIOR TO THE EXPIRATION OF THE TEMPORARY LICENSE OR GRADUATE PERMIT-TO-PRACTICE.**



ADVANCED PRACTICE ENDORSEMENT APPLICATION
ALL FEES ARE NONREFUNDABLE

PLEASE SELECT ONE:

<input type="checkbox"/> Nurse Practitioner	\$ 100.00
<input type="checkbox"/> Nurse Practitioner & Temporary License	\$ 160.00
<input type="checkbox"/> Certified Registered Nurse Anesthetist	\$ 100.00
<input type="checkbox"/> Certified Registered Nurse Anesthetist & Temporary License	\$ 160.00
<input type="checkbox"/> Clinical Nurse Specialist	\$ 100.00
<input type="checkbox"/> Clinical Nurse Specialist and Temporary License	\$ 160.00

Acceptable forms of payment: **Cashier's Check, Money Order, Business Check, Credit Card**
No personal checks/demand drafts/Debit cards accepted; money orders must be drawn on US bank

SELECT A CREDIT CARD: MasterCard Visa

CREDIT CARD # _____ - _____ - _____ - _____ EXPIRATION DATE: _____ / _____ / _____
M M / Y Y Y Y

LEGAL SIGNATURE _____
(Please type or print clearly with black ballpoint)

LEGAL NAME: _____
Last First Middle Maiden

MAILING ADDRESS: _____
Number Street Apt City / State Zip + 4 County/Country

Phone _____ Email Address _____

Birth Date _____ US Social Security Number _____ Male Female

LIST ANY OTHER NAME(S), (Surname, First or Middle) EVER USED FOR ADVANCE PRACTICE LICENSE:

(or indicate NONE _____)

DECLARATION OF PRIMARY STATE OF RESIDENCE IS MANDATORY FOR LICENSURE In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of _____ is my primary state of residence and that such constitutes my permanent and principle home for legal purposes. ("primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.) Upon licensure in New Mexico, I intend to practice in the state (s) of _____



ADVANCED PRACTICE ENDORSEMENT APPLICATION (cont'd)

ADVANCED PRACTICE NURSING EDUCATION	NAME OF SCHOOL	CITY, STATE	DATE BEGAN AND COMPLETED	CERTIFICATE OR DEGREE GRANTED

NATIONAL CERTIFICATION SPECIALTY

___ NURSE PRACTITIONER

INDICATE SPECIALTY(S) _____

___ CLINICAL NURSE SPECIALIST

INDICATE SPECIALTY(S) _____

ADVANCED PRACTICE LICENSURE

STATE LICENSED _____ DATE LICENSED _____

ALL STATES EVER LICENSED AS ADVANCED PRACTICE NURSE _____

TEMPORARY ADVANCED PRACTICE LICENSE: _____ CHECK IF A TEMPORARY LICENSE IS REQUESTED

DISCIPLINARY:

Has disciplinary action ever been taken against your advanced practice nursing license?
NO ___ YES ___

If YES, please indicate:
DENIED ___ REVOKED ___ SUSPENDED ___ PROBATION ___ REPRIMAND ___ OTHER ___

Have you had disciplinary action or any action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency or any state drug enforcement authority?
NO ___ YES ___ /State(s) _____ If YES, Give Date _____

Have you ever 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 or 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, List State (s) _____ Date _____

If YES to any of the above, please explain in full on separate pages and submit copies of all legal documents.



ADVANCED PRACTICE ENDORSEMENT APPLICATION (cont'd)

Please make sure that all of the following items have been checked off before mailing to the Board of Nursing. Failure to do so may slow down the licensing process.

- 1) Check off appropriate application applying for at the top of the application.
- 2) Complete application and fee
- 3) Include current mailing address or e-mail address for receipt of Temporary License.
- 4) Complete and submit Verification of Advanced Practice Licensure to other Board of Nursing.
- 5) If applicable, complete and submit with application Affidavit Validating Prescription Writing and a formulary.
- 6) Include copy of current national certification with application.
- 7) If applicable, submit copy of current compact state license with application

**Applications become null and void (1) one year after being received by the Board.
Incomplete application will be returned.**

I hereby make application for an advanced practice license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and enclose the fee stated. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representations made on this application.

LEGAL SIGNATURE _____ DATE: _____

Notice to applicants with a disability: Upon request, this publication/document can be made available to various accessible forms. Please call the Board of Nursing at (505) 841-8340 or TTY 1-800-659-8331.



**TO: INTERESTED NURSE PRACTITIONERS
OR GRADUATE NURSE PRACTITIONERS**

**REGARDING: AUTHORIZATION CONTROLLED SUBSTANCES
(SCHEDULES II through V)**

PROCEDURE:

1. An Affidavit for Prescriptive Authority form is enclosed.
 - **NURSE SPECIALIST** – 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.
 - **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.
2. Contact the Board of Pharmacy to request a state controlled substance application and DEA application. Complete and return both applications according to the instructions.

GENERAL INFORMATION:

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



VERIFICATION OF NURSE PRACTITIONER LICENSURE FORM

Must be received directly from the Board of Nursing

Part I – Applicant – Complete all information in this form and forward to the NM Board of Nursing.

NURSE PRACTITIONER LICENSE NUMBER: _____

NAME: _____
Last First Middle Maiden Other name(s) used

MAILING ADDRESS: _____
Number Street Apt. City / State Zip

BIRTHDATE: _____ SOCIAL SECURITY NUMBER _____
Month / Day / Year

NURSE PRACTITIONER EDUCATION PROGRAM

Name of Institution: _____ Location of Program: _____

Degree Granted: _____ OR Certificate Granted: _____

Date of Completion: _____

I authorize _____ to release my NP licensure information to the NM Board of Nursing.

APPLICANT SIGNATURE _____

DATE _____

Part II – Board of Nursing – Please provide licensure information for the applicant.

This is to certify that _____ *(Please select):*

_____ licensed as a Nurse Practitioner.
Initially licensed as a Nurse Practitioner: _____
DATE

_____ licensed as an Advanced Practice Practitioner (state does not specify practice area)
Initially licensed as an Advanced Practice Practitioner _____
DATE

_____ State does not issue license for NP/Advanced Practice Practitioners.
(Please explain how advanced practice is recognized in the state): _____

Signature: _____ STATE SEAL: _____

Title: _____

State: _____

Date: _____