



<http://bon.state.nm.us>

## New Mexico Requirements for Clinical Nurse Specialist Licensure

### Requirements:

1. **Current RN license.**
2. **Must be a graduate of a clinical nursing specialist program at the master's or doctorate level in a defined clinical nursing specialty through an accredited institution of higher education.**
3. **Must have current national certification consistent with the defined clinical nursing specialty, which meets criteria as listed below:**
  - a. **Successfully complete a national certifying examination in the applicant's area of specialty.**
  - b. **Is certified by a national nursing organization.**

### PRESCRIPTIVE AUTHORITY

Those who will also be requesting Prescriptive Authority a separate application is provided.

1. **See attached Prescriptive Authority requirements for additional educational requirements.**

### SUBMIT THE FOLLOWING DOCUMENTS:

1. **Complete application and fee.**
2. **Official transcript must be received directly from educational program.**
3. **Copy of current national certification. Certification must show clinical area of nursing.**
  - a. **Individuals not nationally certified, may be eligible for a work permit. (See instructions listed for work permits).**
4. **Verification of Clinical Nurse Specialist Education Form must be received directly from the Clinical Nurse Specialist Program.**

### PRESCRIPTIVE AUTHORITY

5. **Official Transcript must be received directly from educational program. (see attached Prescriptive Authority requirements for additional educational requirements.)**
6. **Completed Prescription Affidavit or Verification letter from Preceptor on Official Letterhead.**
7. **Current Formulary.**

**WORK PERMIT: If you wish to request a work permit you must meet the above noted requirements and submit the above noted documents (excepting copy of a national certification card) and:**

**Exclusion: CNSs with a lapsed national certification are not eligible for a permit to practice.**

- (1) Attach a letter of intent to employ as a graduate CNS, on official letterhead from prospective employer, which must include the name of the individual(s) who will provide the direct practice supervision (CNS, CNP, or physician in the specialty) and the name of the direct prescription writing supervisor (CNS, CNP or physician).**
  
- (2) Written verification must be received directly from the National exam organization on official Letterhead, indicating that applicant has made application and has been accepted to sit the national examination and the date of the examination.**

**NOTE: Applicants may not practice as Clinical Nurse Specialist, until licensed by the Board.**

**Applicants may not practice as Graduate Clinical Nurse Specialist until the Board has issued a permit to practice.**

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

**For Additional information or Assistance, please contact: Joanna D. Giglio, Assistant Director,**

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

CLINICAL NURSE SPECIALIST APPLICATION

I here by make application for licensure as a Clinical Nurse Specialist in accordance with the Nursing Practice Act of the State of New Mexico and enclose the \$100.00 fee.

FEE IS NOT REFUNDABLE PERSONAL CHECKS/DEMAND DRAFTS/DEBIT CARDS ARE NOT ACCEPTED

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

LEGAL NAME: \_\_\_\_\_

ADDRESS: Last First Middle Maiden
Number Street Apt. #
City State Zip

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

NM RN License #: \_\_\_\_\_ or Date applied for \_\_\_\_\_

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 \_\_\_\_\_

Table with 4 columns: Educational Preparation, University, Year Earned, Major. Rows include Master's Degree and Doctorate.

Clinical Specialty Area: \_\_\_\_\_

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

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check one of the following cards  MASTERCARD  VISA

CREDIT CARD# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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Assessment Course	University	#of Credits	Completion Date
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Pathophysiology Course	University	#of Credits	Completion Date
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Pharmacology Course	University	# of Credits	Completion Date
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**OR** Enclosed is a Certificate of Completion verifying 45 contact hours of an advanced level pharmacology continuing education course

Refer to the attached "Requirements for Prescriptive Authority" for required content areas, which must be included in the above courses.

\_\_\_\_\_ Enclosed is the Affidavit Validating Prescription Writing.

\_\_\_\_\_ Written verification of 400 clock hours preceptorial experience from my preceptor (s) has/will be mailed to the New Mexico Board of Nursing Office. Refer to attached "Requirements for Prescriptive Authority" for information required in letter of Verification.

**OR**

\_\_\_\_\_ A supervised preceptorship to meet the preceptorial experience for prescriptive authority that you must complete is enclosed.

**Prescribing:**

\_\_\_\_\_ I will be prescribing dangerous drugs. \_\_\_\_\_ I will be prescribing dangerous drugs and controlled substances.

If you have indicated you will be prescribing controlled substances refer to attached "Procedure to obtain State license and DEA registration".

**Note:** Applicants may not practice as Clinical Nurse Specialist, or Graduate Clinical Nurse Specialists until licensed/permit issued by the Board.

STATE OF NEW MEXICO

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VERIFICATION OF CLINICAL NURSE SPECIALIST EDUCATION FORM

Must be received directly from the Clinical Nurse Specialist Program

Part I Applicant: Complete the information in this area and forward to the Clinical Nurse Specialist Educational Program.

Name Last First Middle Maiden
Mailing Address Number Street apt. City State Zip
Birth Date Social Security Number
Clinical Nurse Specialist Education Program:
Name of Institution Degree Granted
Date of Completion Location of Program
I hereby authorize to release my educational data to the New Mexico Board of Nursing.
Name of University
Applicant's Signature Date

Part II Clinical Nurse Specialist Education Program: Please complete the following regarding the above noted applicants clinical nurse specialist program.

- 1. Was the applicant's clinical nurse specialist program a formal program at the master's level or doctoral level in a defined clinical nursing specialty?
2. Was the applicant's educational program offered through a regionally accredited college, university?
3. Was a three credit hour pharmacology course included in the program?
4. Was a three credit hour assessment course included in the program?
5. Was a three credit hour pathophysiology course included in the program?
6. What was the applicant's specialty preparation?
7. Indicate the degree awarded and completion date?

Signature of Program Director

SCHOOL SEAL

Print Name & Title

Telephone Number

Date \_\_\_\_\_

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**AFFIDAVIT VALIDATING PRESCRIPTION WRITING**

\_\_\_\_\_ I wish to make application to prescribe controlled substances.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Clinical Nurse Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CNS'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**

## **REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY**

In accordance with applicable state and federal laws, the CNS who fulfills the following requirements may prescribe and distribute dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substances Act.

- ( i ) Provide a copy of a transcript documenting successful completion of a three credit hour pharmacology course, a three credit hour assessment course and a three credit hour pathophysiology course included as part of a graduate level advanced practice nursing education program. Forty-five (45) contact hours of advanced level pharmacology continuing education course maybe substituted for the academic pharmacology. A certificate of completion must be provided that verifies continuing education or
- ( ii ) Provide a copy of a transcript documenting successful completion of a three credit hour pharmacology course that is included as part of a graduate level advanced practice nursing education program within five years immediately prior to the date of application to the board. Forty-five (45) contact hours of advanced level pharmacology continuing education course may be substituted for the academic pharmacology. A certificate of completion must be provided that verifies continuing education. The course must be related to the specialty and contain content in pharmacokinetics, pharmacodynamics, pharmacology of current/commonly used medications and application of drug therapy to the treatment of disease and/or the promotion of health and
- ( iii ) Provide a copy of a transcript documenting successful completion of a three credit hour assessment course that is included as part of a graduate level advanced practice nursing education program. The course must be related to the specialty and include content supported by related clinical experience such that students gain knowledge and skills needed to perform comprehensive assessments to acquire date, make diagnoses of health status and formulate effective clinical management plans and
- ( iv ) Provide a copy of a transcript documenting successful completion of a three credit hour pathophysiology course that is included as part of a graduate level advanced practice nursing education program. The course must be related to the specialty and include content in physiology and pathophysiology.
- ( v ) After fulfilling ii, iii, and iv above provide documentation from a qualified preceptor(s) (CNS, CNP or physician) on official letterhead of a minimum of 400 clock hours preceptorial experience in the prescription of dangerous drugs within the two years immediately prior to the date of application to the board or upon application a letter of authorization for a prescriptive authority preceptorship will be issued to complete a preceptorship, which must be completed within six (6) months.
- ( vi ) In order to prescribe controlled substances, the CNS must provide the board of nursing with verification of current state controlled substances registration and current DEA number. CNS's may not possess, prescribe or distribute controlled substances until they have both a current state controlled substances registration and a current DEA registration.
- ( vii ) Once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements.

## **PRECEPTOR PLAN FOR PRESCRIPTIVE AUTHORITY**

The following documents must be received prior to approval of preceptor plan for Prescriptive Authority.

- a. Completed application
- b. Official Transcript
- c. Verification of Clinical Nurse Specialist Education Form.
- d. Verification letter from Preceptor
- e. Formulary

When requesting a letter of authorization to complete a 400 hour supervised preceptorship to meet the requirements for Prescriptive Authority the Clinical Nurse Specialist is to provide the following information in writing:

1. Beginning and ending dates
2. Name of the preceptor and specialty.
3. Name of institution

The Clinical Nurse Specialist is also to have the preceptor (CNS, CNP or Physician) verify that they will provide supervision, in writing, on agency letterhead. The verification is to be sent directly from the preceptor to the New Mexico Board of Nursing.

After the plan is approved the authorization letter will be sent directly to the preceptor. The Clinical Nurse Specialist may not begin the preceptorship until the course has been approved and the preceptor has received the authorization letter. The preceptorship must be completed within six months.

At the end of the preceptorship, written verification of completion of 400 clock hours in the prescription of dangerous drugs, is to be sent directly to the New Mexico Board of Nursing by the preceptor.

## PROCEDURE TO OBTAIN STATE LICENSE AND DEA REGISTRATION

TO: Interested Clinical Nurse Specialist

FROM: New Mexico Board of Nursing

PREREQUISITE: Licensure as a Clinical Nurse Specialist

REGARDING: Authorization to prescribe and distribute controlled substances (Schedules II Through V)

### PROCEDURE:

1. The requirement for Prescriptive Authority must be completed and all required documentation must be received in the Board of Nursing Office. (See "Requirement for Prescriptive Authority")

**CLINICAL NURSE SPECIALIST-** If you indicate on the CNS application/Prescription Affidavit that you wish prescribe/distribute controlled substances the Board of Nursing will send a letter to the Board of Pharmacy authorizing Clinical Nurse Specialist 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.
3. After receipt of the state controlled substances license and the DEA registration the Clinical Nurse Specialist must send a copy of the license and registration to the Board of Nursing.

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

## **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).