



REQUIREMENTS AND INSTRUCTIONS FOR NM CLINICAL NURSE SPECIALIST LICENSURE BY ENDORSEMENT

I. PREREQUISITES FOR ADVANCED PRACTICE LICENSURE

1. Hold a current, valid NM RN license or current valid compact license.
2. Successfully complete a clinical nurse specialist program at the master's or doctoral level in a defined clinical nursing specialty through an accredited institution of higher education.
3. Provide evidence of national certification in a specialty area.
4. Clinical Nurse Specialist who will be requesting prescriptive authority must also comply with the requirements for prescriptive authority as outlined in the attached rules subsection L of paragraph (6) of 16.12.2.15 NMAC.

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 or 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. **NOTE: FEE IS NOT REFUNDABLE.**

C. Mail application, fee and other required documents to the NM Board of Nursing Office. If you fax the application, please do not mail in the original as you run the risk of being charged twice.

D. Send the endorsement request form to a state where you are licensed as an advanced practice nurse.

Endorsement request form **MUST** be received directly from that Board.
Check with the other Board regarding the fee charged by that state to verify advanced practice licensure.

E. Submit the following documentation if you are also applying for prescriptive authority:

Affidavit Validating Prescription Writing
Verification of CNS Education Form for Prescriptive Authority
Current Formulary

If unable to validate prescription writing, refer to prescriptive authority section in rules and request application for prescriptive authority preceptorship.

F. Submit a copy of current national certification.

A temporary license may be issued to applicants that were not required to hold national certification by another jurisdiction provided that all other requirements are met.

Proof of national certification must be submitted before a permanent license will be issued.

G. **Nurses from compact states.** Submit a copy of the compact license. A 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 LICENSE –

TL is valid for a maximum of six (6) months from the date of application. A TL is not renewable and shall not be copied. It becomes void upon expiration or issuance of current NM CNS license.

TL may be issued for endorsees upon written request, provided all requirements for CNS 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 CNS license by the Board.
- NM advanced practice licenses will be issued for two (2) years or until the RN compact license expires.
- 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.**

ENCLOSURES: Application, Endorsement Request Form, Affidavit validating prescription writing, CNS Rules



ADVANCED PRACTICE ENDORSEMENT APPLICATION

Please check one:

- Nurse Practitioner \$100.00
- Nurse Practitioner and Temporary License \$160.00
- Certified Registered Nurse Anesthetist \$100.00
- Certified Registered Nurse Anesthetist and Temporary License \$160.00
- Clinical Nurse Specialist \$100.00
- Clinical Nurse Specialist and Temporary License \$160.00

Acceptable forms of payment Cashiers Check Money Order Business Check Credit Card
No personal checks/demand drafts/Debit cards accepted Money orders must be drawn on US bank

Please check one of the following cards; MASTERCARD VISA

CREDIT CARD # _____ - _____ - _____ - _____
EXPIRATION DATE: ____ / ____

SIGNATURE _____ **FEE IS NOT REFUNDABLE**

(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

Birth Date _____ US Social Security Number _____ Male PHONE: _____
Female EMAIL: _____

LIST ANY OTHER NAME(S), (Surname, First or Middle) EVER USED FOR ADVANCE PRACTICE LICENSE: or (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 NURSING EDUCATION PROGRAM :	NAME OF SCHOOL	CITY, STATE	DATE BEGAN AND COMPLETED	CERTIFICATE OR DEGREE GRANTED
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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:

____Please check if a temporary license is requested.

DISCIPLINARY:

1. Has disciplinary action ever been taken against your advanced practice nursing license? NO ____ YES ____

If yes: denied ____; revoked ____; suspended ____; probation ____; reprimand ____; other _____

2. 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 _____

3. 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 a 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, Where _____ Date _____

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

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

Application becomes null and void after one (1) year of last noted activity. 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.

Please contact the office at 505/841-8340 for further clarification if necessary.



CNS AFFIDAVIT VALIDATING PRESCRIPTION WRITING

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

CNS Signature: _____ Date: _____

CNS's RN License #: _____ Expiration Date: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

STATE OF))SS
COUNTY 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 CLINICAL NURSE SPECIALIST /GRADUATE CLINICAL NURSE
SPECIALIST

REGARDING: AUTHORIZATION CONTROLLED SUBSTANCES (SCHEDULES II through V)

PROCEDURE:

- An Affidavit for Prescriptive Authority form is enclosed.
- CLINICAL 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 clinical nurse specialist to apply for a state controlled substance license and DEA registration.
- GRADUATE CLINICAL NURSE SPECIALIST-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 clinical nurse specialist to apply for a state controlled substance license and DEA registration.
- Contact the Board of Pharmacy to request a state controlled substance application and DEA application. Complete and return both applications according to the instructions.

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

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

GCNSs may not distribute controlled substances.



VERIFICATION OF CLINICAL NURSE SPECIALIST LICENSURE FORM

Must be received directly from the Board of Nursing

Part I Applicant: Complete all information in the shaded area and forward this form to the Board of Nursing.

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

CNS License number: _____
CNS Education Program: _____

Name of Institution _____ Degree Granted _____
Date of Completion _____ Location of Program _____

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

Applicant's Signature _____ Date _____

Part II Board of Nursing:
Please complete the Following regarding the CNS licensure information for the applicant above.

This is to certify that _____

(Please check appropriate line)

_____ licensed as a Clinical Nurse Specialist.

Initially licensed as a Clinical Nurse Specialist _____
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 CNS/Advanced Practice Practitioners. (Please explain how advanced practice is recognized in state) _____

Signature _____

Title _____

State _____

Date _____

STATE SEAL