

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

BOARD OF NURSING

CREDENTIALING INFORMATION FOR ADVANCED PRACTICE NURSE PRESCRIBER CERTIFICATION APPLICANTS

REQUIREMENTS:

An applicant for initial certification as an advanced practice nurse prescriber shall be granted a certificate by the board if the applicant complies with all of the following:

1. Submits an application and fee(s) via [LicensE](#).
2. Provides evidence of holding a current license to practice as a professional nurse in this state or has a current license to practice professional nursing in another state which has adopted the enhanced nurse licensure compact.
3. Provides evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, or clinical nurse specialist.
4. Provides evidence of a master's or doctoral degree in nursing or a related health field granted by a college or university accredited by a regional accrediting organization approved by the Council for Higher Education Accreditation. This subsection does not apply to those who received national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, or clinical nurse specialist before July 1, 1998.
5. Provided evidence of completion of 45 contact hours in clinical pharmacology or therapeutics within 5 years preceding the application for a certificate.
6. Provides evidence of passing a jurisprudence examination for advanced practice nurse prescribers.

COMPLETING THE APPLICATION PROCESS:

To apply for a credential we only need to receive the LicensE application and fee to start a file for an applicant on our system. Not all requirements below need to be complete or submitted in order to apply for a credential; they just need to be completed and submitted in order for us to issue a credential.

1. **LicensE Application and Fee:** Complete the application in its entirety and submit with required fee(s).
2. **Certification of Master's or Doctoral Degree (Form #2367):** (not required for Late Renewal applicants-lic expired 5+ yrs) Complete and forward to the college or university at which you received your master's or doctoral degree. This form must be returned directly from your school to the Board of Nursing or email to DSPSCredNursing@wisconsin.gov. The Board will reject forms received from the applicant. If the school you graduated from is closed, contact the Department of Public Instruction in the state where you graduated to determine where the records for the closed school were transferred.
3. **Verification of your current national certification as a Nurse Practitioner, Certified Nurse-Midwife, or Clinical Nurse Specialist:** Contact your national certifying body to request verification sent directly to the Board of Nursing or email to DSPSCredNursing@wisconsin.gov.
4. **Verification of Licensure:** We require verification from each state in which you have ever held or currently hold prescriptive authority. Contact each state board to request a verification of licensure be sent to Wisconsin. The verification must be returned directly to the Board of Nursing via mail or email to DSPSCredNursing@wisconsin.gov. The Board will reject verifications received from the applicant.
5. **Jurisprudence Exam (WI Statutes and Rules Exam):** All candidates are required to successfully complete an online, open book exam on the Wisconsin Statutes and Rules relating to the practice of Advanced Practice Nurse Prescribers. Applicants cannot take this exam until after an application has been received and processed by the Department. Once your initial application has been processed, your exam information will be given on your application checklist online under "Wisconsin Statutes and Rules Online Exam." Your exam results will be manually posted to your online checklist. Please allow at least 10 business days from the date you finish your exam for this posting to be completed.

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6. **Malpractice Insurance Coverage:** Advanced Practice Nurse Prescribers who prescribe independently shall maintain in effect malpractice insurance. Advanced Practice Nurse Prescribers who do not carry personal liability insurance coverage, must complete (**Form #2157**) to provide the type of coverage provided under a group policy. Please review the Advanced Practice Nurse Prescriber Application Information (**Form # 2151**) to determine your coverage.
7. **45 Contact hours in clinical pharmacology/therapeutics within five (5) years preceding this application:** Contact hours for academic courses are assigned as follows: one semester credit = 15 contact hours; one-quarter credit = 10 contact hours. Submit copies of all certificates of completion, or transcripts of courses attended within the last five (5) years, including the date the courses were taken. Transcript does not need to be official.
- If you do not have 45 contact hours and need assistance finding possible hours, your national certifying body would be the best resource to contact.
- “Clinical Pharmacology/Therapeutics” as defined in Wis. Admin. Code N 8.02(4) means the identification of individual and classes of drugs, their indications and contraindications, their likelihood of success, their side-effects and their interactions, as well as, clinical judgment skills and decision-making, based on thorough interviewing, history-taking, physical assessment, test selection and interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation, and non-pharmacologic interventions.

ANNUAL NOTIFICATION OF MALPRACTICE INSURANCE

Every Advanced Practice Nurse Prescriber who is certified to issue prescription orders shall annually submit to the Board of Nursing by October 1st of each year, satisfactory evidence that he or she has in effect malpractice insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 for all occurrences in one year.

NOTICE

No person may practice or attempt to practice as an Advanced Practice Nurse Prescriber, or use the title Advanced Practice Nurse Prescriber, or append to his or her name the letters A.P.N.P. or otherwise indicate that he or she is certified to practice as an Advanced Practice Nurse Prescriber unless he or she is currently certified under Wis. Stat. § 441.16(2).

If an application file does not have any activity for one year or more, it may be abandoned/withdrawn on our system without notification to the applicant. It is recommended to complete the application process in a timely fashion to ensure this does not happen.

U.S. DRUG ENFORCEMENT ADMINISTRATION (DEA) REGISTRATION INFORMATION

The DEA has authorized the issuance of mid-level practitioner registration numbers to Certified Advanced Practice Nurse Prescribers (APNPs). APNPs who anticipate that their practice will include preparing prescription orders for controlled substances will be required to register with the DEA on forms provided by that agency. Forms may be ordered from the DEA at <https://www.deadiversion.usdoj.gov/webforms/orderFormsRequest.jsp>.

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

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| <input type="checkbox"/> Complete application and pay applicable fee(s) via LisencE. | <input type="checkbox"/> Letters from all State Boards where licensed, active and inactive |
| <input type="checkbox"/> Verification of current National Certification | <input type="checkbox"/> Convictions and Pending Charges (Form #2252), if applicable |
| <input type="checkbox"/> If you received National Certification after 7/1/98, complete Certification of Master’s or Doctoral Degree (Form #2367). (This does not apply to Late Renewal applicants.) | <input type="checkbox"/> Malpractice Suits or Claims (Form #2829) and copies of malpractice suit, court documents with allegations and settlement, if applicable |
| <input type="checkbox"/> Wisconsin Statutes and Rules Exam | <input type="checkbox"/> 45 contact hours in clinical pharmacology/therapeutics |
| <input type="checkbox"/> Proof of Malpractice Insurance Coverage (Form #2157) | <input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |