

Fee for Review of Contact Hours = \$70.00 [OAC 485:10-1-3(a)(3)(F)]

INFORMATION

In order for an Advanced Practice Registered Nurse to obtain and renew recognition of prescriptive authority, the nurse must meet educational requirements as identified in the *Oklahoma Nursing Practice Act and Rules*. Please note that first-time applicants for independent prescriptive authority must meet the educational requirements for initial applications as outlined in the *Oklahoma Nursing Practice Act and Rules* (Subchapter 16) for specific numbers and types of hours required, available on the Board's website: <https://oklahoma.gov/nursing/nursing-practice-act.html>

Advanced Practice Registered Nurses and/or organizations wishing to request a review of pharmacology contact hours in advance of the workshop or application submission to determine whether the courses/contact hours meet the prescriptive authority requirements may submit the request, required materials, and \$70.00 fee. Board staff will review the material submitted and respond in writing.

Please submit the *Request for Review of Contact Hours* at least four weeks in advance of the presentation, if you wish to receive confirmation of approval of pharmacology contact hours. The fee for review of contact hours is \$70.00 in the form of a personal check, cashier's check, money order, or an in-person cash payment (*do not send cash through the mail*). Checks/money orders should be made payable to the Oklahoma Board of Nursing. All fees are non-refundable.

Do not submit information for presentations with no pharmacology content applicable to the Advanced Practice Registered Nurse's scope of practice or specialty area. Please note that ACLS, PALS, and CPR courses do not meet the requirements for prescriptive authority.

INSTRUCTIONS

1. Submit a completed *Request for Review of Contact Hours* with the \$70.00 fee.
2. Attach a photocopy of the continuing education program information or course syllabus to include the following information:
 - a. Title of presentation
 - b. Name, title, and credentials of the presenter
 - c. Length of presentation
 - d. Course objectives
 - e. Outline of content
 - f. Target audience



**Request for Review of Contact Hours to Determine
Eligibility to Meet Requirements for Prescriptive Authority**

Date: _____

Name of Individual/Organization Requesting Review: _____

Office Use Only

Approved by: _____

Date Approved: _____

Days to Completion: _____

Mailing Address: _____

Street Address _____

City _____

State _____

Zip _____

Telephone # _____

Please list all education you wish to have evaluated to determine eligibility to meet requirements for prescriptive authority. It is not acceptable to state "See Attached". Attach documentation that supports the education, as described in the instructions.

DATE OF PRESENTATION	TITLE OF PRESENTATION	LENGTH OF PRESENTATION IN MINUTES	NUMBER OF CONTACT HOURS REQUESTED FOR APPROVAL*	OFFICE USE ONLY NUMBER OF CONTACT HOURS APPROVED BY: _____

*To calculate number of contact hours, divide the length of the presentation in minutes by 50.

Mail or deliver this completed form with the fee to OBN for processing.

Mailing Address:

P.O. Box 52926
Oklahoma City, OK 73152

Physical Address:

2501 N. Lincoln Blvd., Ste. 207
Oklahoma City, OK 73105