

# Nevada State Board of NURSING

## Application for Advanced Practitioner of Nursing Certificate

Return to: Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547  
(888) 590-6726, fax (775) 688-2628, www.nursingboard.state.nv.us

*To practice as an advanced practitioner of nursing in Nevada,  
you must hold an active Nevada certificate and RN license.*

Please answer all questions and include fee. Incomplete applications will be returned to you for completion.  
It is a violation of Nevada law to falsify this application,  
and sanctions may be imposed for fraud or misrepresentation.

**Section 1. Educational Preparation\*** (Please list all educational preparation, with the highest level first. Submit a separate piece of paper if necessary.)

School	City/State	Major	Degree	Grad Date

*\*If you graduated from a nurse practitioner program after June 1, 2005, you must hold a master's degree in nursing or a related health field.*

Nurse Practitioner Program accredited/approved by \_\_\_\_\_  
(for example, National League of Nursing, Commission on Collegiate Nursing Education, etc)

## Section 2. Basic Qualifications

Yes	No	N/A	<b>Completed APN program before July 1, 1992</b> I affirm (swear) I have worked 800 hours in APN practice during the five years immediately preceding this application.
Yes	No	N/A	<b>Completed APN program between July 1, 1992 and June 1, 2005</b> I affirm (swear) I hold a current national certification as an advanced practitioner of nursing OR I hold a bachelor's degree in nursing.
Yes	No	N/A	I affirm (swear) I have worked 800 hours in APN practice during the five years immediately preceding this application OR I have completed a program designed to prepare an advanced practitioner of nursing in the preceding two years.
Yes	No	N/A	<b>Completed APN program after June 1, 2005</b> I affirm (swear) I hold a master's degree in nursing or related health field.
Yes	No	N/A	<b>Applicants who have not worked 800 hours in APN practice during the past five years and who have not completed a program designed to prepare an advanced practitioner of nursing in the preceding two years</b> I affirm (swear) I will work 1,000 hours under the supervision of a qualified physician or Nevada certified APN upon receipt of my APN certification.

## Section 3. Affirmation that current requirements of Nevada law will be met

Yes	No	I affirm (swear) it is my responsibility to practice only when I have a collaborative relationship with a Nevada-licensed physician.
Yes	No	I affirm (swear) my collaborating physician(s) have expertise within my areas of specialty, which will be documented in my protocols.
Yes	No	I affirm (swear) I will maintain current copies of my protocols at each site where I practice as an APN. Those protocols will reflect national or customary standards for my medical specialty and comply with all relevant state and federal laws.
Yes	No	I affirm (swear) my protocols will be reviewed and signed by my collaborating physician(s).

## Section 4. Malpractice

(If you answer "Yes" to any question below, you must submit the required documents, or your application will not be processed.)

Yes	No	1. Do you have any pending malpractice suits? <u>If the answer is Yes, you must submit:</u> <i>a. A detailed letter of explanation; and</i> <i>b. Copies of any court records or official documentation regarding this action.</i>
Yes	No	2. Have you ever had a malpractice judgment or settlement? <u>If the answer is Yes, you must submit:</u> <i>a. A detailed letter of explanation; and</i> <i>b. Copies of any court records or official documentation regarding this action.</i>
Yes	No	3. Have your clinical privileges in any state <u>ever</u> been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation (including a nondisciplinary program), or is any investigation, complaint or action pending? <u>If the answer is Yes, you must submit:</u> <i>a. A detailed letter of explanation; and</i> <i>b. Copies of documents from the board or agency taking the action identifying the allegations, action taken and current action status (documentation of completion of requirements of any order).</i>

**Affirmation. All Applicants Must Complete**

Yes	No	I affirm (swear) that I have read this application and the statements made are true and correct. Signature _____ Date _____
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**Fee Payment**

You may pay the \$200 application fee by credit card (MasterCard, Discover, Visa), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing. U.S. Funds only.  
**Please note:** If you do not submit the required fees, your application will be returned to you, unprocessed.

**Before you submit your application, please make sure you**

- have answered ALL the questions in the top portion and Sections 1 through 4, and signed the Affirmation
- have included all required documentation (see attached instructions for list of documents)
- have included the correct fee
- have included your current mailing address and practice location

**If Paying By Credit Card, Please Complete**

Choose one: Visa	MasterCard	Discover	Card number _____	Exp. date _____
Name on card _____			Amount \$200.00	Signature _____