

**NORTH CAROLINA BOARD OF NURSING
NURSE PRACTITIONER APPLICATION
IDENTIFICATION DOCUMENT**

**INITIAL APPROVAL TO PRACTICE
OR
SUBSEQUENT APPLICATION(S) FOR APPROVAL TO PRACTICE**

Recent photograph of applicant: Please PASTE a passport type photograph of your face and shoulders below in the appropriate block. The photograph must be no older than 6 months and of a durable quality. Home Polaroid or computer-generated photographs are not acceptable.

<p>PLEASE PASTE PHOTOGRAPH HERE</p> <p>Home Polaroid or computer-generated photographs are NOT acceptable</p>
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This is a photograph taken of me within 6 months.

Signature of Nurse Practitioner Applicant
(Original Signature)

Date

Primary Supervising Physician and Nurse Practitioner Certification of Understanding and Compliance related to the Approval to Practice Application(s).

The undersigned have read this form and certify that the information contained herein is correct to the best of their knowledge.

The undersigned further certify that they have carefully read and understand the law and regulations regarding nurse practitioners. The undersigned agree to fully comply with such statutes and regulations. Furthermore, the undersigned primary supervising physician who, by signing the nurse practitioner application, shall provide on-going supervision, collaboration, consultation and evaluation of the medical acts performed by the nurse practitioner as defined in the Collaborative Practice Agreement. The primary supervising physician shall assume the responsibility of assuring the Boards that the nurse practitioner is qualified to perform those medical acts described in the Collaborative Practice Agreement.

Date

Nurse Practitioner Applicant **(Original Signature)**

Full Name Typed or Printed Legibly

Date

Primary Supervising Physician **(Original Signature)**

Full Name Typed of Printed Legibly

Submit all materials to: NC Board of Nursing
Attn: Teresa Werlau
P.O. Box 2129
Raleigh, NC 27602

OR For Overnight Mail Service ONLY: NC Board of Nursing
Attn: Teresa Werlau
4516 Lake Boone Trail
Raleigh, NC 27607

THE APPLICATION IS NOT COMPLETE UNTIL ALL COMPONENTS ARE RECEIVED BY NC BOARD OF NURSING.