THE NURSE PRACTITIONER

SURVIVAL GUIDE

NCBON

North Carolina Board of Nursing

Updated 1/28/2025

This guide can optimize your success in compliance with nurse practitioner (NP) law and rules.

Always be prepared for an audit by having the following documentation in your NP notebook for up to the past 5 years:

- **NATIONAL CERTIFICATION**

  IN ACCORDANCE WITH 21 NCAC 36 .0805 AND 21 NCAC 36 .0806 (A)(2) A NURSE PRACTITIONER SHALL PROVIDE EVIDENCE OF CERTIFICATION OR RECERTIFICATION AS A NURSE PRACTITIONER BY A NATIONAL CREDENTIALING BODY. CERTIFICATION MUST BE MAINTAINED AT ALL TIMES.

- **CONTINUING EDUCATION (CE)**

- **COLLABORATIVE PRACTICE AGREEMENT (CPA)**

- **QUALITY IMPROVEMENT MEETINGS (QI)**

- **CONTROLLED SUBSTANCES REPORTING SYSTEM (CSRS)**

  ONLY IF PRESCRIBING CONTROLLED SUBSTANCES.

CONTINUING EDUCATION

- **NP Rule** 21 NCAC 36.0807 states to maintain NP approval to practice, the NP shall maintain national certification or earn 50 contact hours of continuing education every two years. Your renewal will always be due on your birth month after the initial approval to practice has been granted.

Contact Hour

- At least 20 hours of the required 50 hours must be those hours for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME) or other national credentialing bodies or **practice relevant courses in an institution of higher learning. The remaining 30 hours must be CEs at the advanced practice level included as a part of the total 50 contact hours (for those who have not maintained national certification) 1 contact hour of CE is required for those NPs who prescribe controlled substances. This CE shall address controlled substance prescribing practices, signs of the abuse or misuse of controlled substances, and controlled substance prescribing for chronic pain management.

**Note: By a national accredited provider of nursing continuing professional development, or nurse practice-relevant courses in an institution of higher learning. A nurse practitioner who possesses a current national certification by a national credentialing body shall be deemed in compliance with the requirement of Paragraph (a) of this Rule.

Only those courses completed during the two consecutive renewal cycles can be counted.

- The conversion for credit to contact hours are:
    - 1 semester credit = 15 contact hours
    - 1 quarter credit = 7.5 contact hours

For the activities below to count toward the CE requirement, they must be completed every two consecutive years.

Keep current and previous CE documentation in NP notebook!

MAINTAIN NATIONAL CERTIFICATION OR EARN 50 CONTACT HOURS EVERY TWO YEARS.

INCLUDED AS A PART OF THE TOTAL 50 CONTACT HOUR REQUIREMENT, 1 CONTACT HOUR OF CE IS REQUIRED FOR THOSE NPS WHO PRESCRIBE CONTROLLED SUBSTANCES.

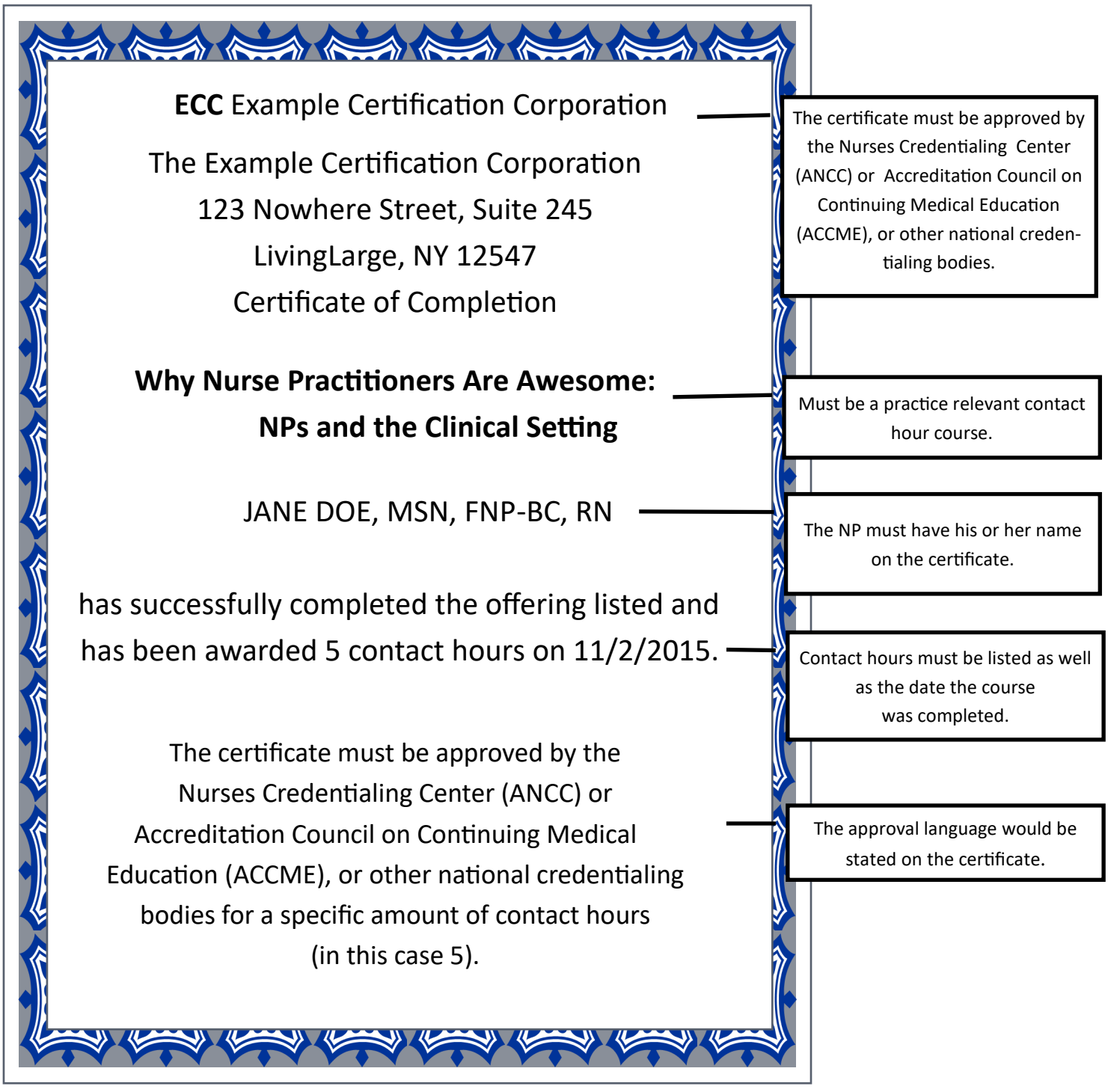
CE DOCUMENTATION MUST PROVIDE YOUR NAME AND NUMBER OF CONTACT HOURS OBTAINED.

Activity	Example	Acceptable Evidence
Five (5) hours - Clinical Presentations	Designing, developing and conducting an educational presentation or presentations for health professionals totaling a minimum of 5 contact hours	Dated copy of presentation(s) Does not include poster presentations.
Up to 30 Preceptor hours	Precepting any Interprofessional healthcare student	Original letter from the program director stating the following: 1. Timeframe precepted said student 2. Number of hours precepted student
Five (5) hours - author on a journal article or book chapter published during renewal year	• Professional journal article (both refereed and non-refereed publications are acceptable) • Published book chapter	Reference for published work copy of title page
Fifteen (15) hours - primary or secondary author of a book published during renewal year	Author or Editor of published book	Reference for published work copy of title page
Ten (10) hours – Completion of an Institutional Review Board (IRB) approved research project related to your certification specialty	Completion of an IRB-approved research project for which you were the primary Investigator.	IRB close-out letter
Five (5) hours - Professional volunteer service	Local, state, national or international health care related organization in which your NP or certification specialty expertise is required. Examples: • employer, community or profession-specific board of director • committees • task forces • editorial boards • review boards	Signed/dated attestation from manager or committee chair

Initial or recertification in Basic Life Support (BLS) does not count toward NP continuing education credit.

Only *initial* certification in Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP) and instructor certification will count toward NP continuing education credit if one has obtained a certificate with the date completed and number of contact hours provided.

Anatomy of the Acceptable Contact Hour Certificate



North Carolina Board of Nursing
NP Continuing Education Record Form

Name: _____

Record Form #: _____

Dates: _____ to _____

You may use this form to record your relevant CE. Use as many of the forms as needed. The Board may request documentation of entries and corresponding contact hour certificates.

CE Activity *If provided by an accredited sponsor (ANCC, AANP, NCC, PNCB, or ACCME, Category I, other national credentialing bodies, or practice relevant courses in an institution of higher learning), enter sponsor's name and location, type/nature of activity.*	Practice-Relevant Subject	Date(s)	Hour Value

Must total at least 50 hours every <u>two</u> years. Refer to the NP Rules 21 NCAC 36.0807.
NP Renewal Cycle (birth month to birth month) - Example: Birth month: June
NP Renewal Cycle for 2023-2025 for licensee with the birth month of June: July 1, 2023—June 30, 2025.

COLLABORATIVE PRACTICE AGREEMENT

NP RULE 21 NCAC 36 .0810

- Is the current Collaborative Practice Agreement (CPA) document signed and dated by the NP **and** the primary supervising physician?
- If you have been in this specific approval longer than 1 year, have you evidence of annual reviews of the CPA document? The evidence can either be a signature sheet appended to the CPA signed and dated by the NP **and** the primary supervising physician, or individual CPAs for each year signed and dated as mentioned.
- Does your CPA describe how the NP **and** the primary supervising physician are continuously available to each other?
- Does your CPA include drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the NP?
- Does your CPA include a predetermined plan for emergency services?

Keep signed/dated initial and annually reviewed CPAs in NP notebook!

CPA MUST BE REVIEWED, SIGNED, AND DATED BY NP AND PRIMARY SUPERVISING PHYSICIAN ANNUALLY

CPA MUST INCLUDE

- Drugs
- Devices
- Medical treatments
- Tests
- Procedures
- Pre-determined plan for emergency services
- How the NP and primary supervising physician are continuously available to each other

THE FOLLOWING IS ONLY AN EXAMPLE OF A CPA.

BY NO MEANS SHOULD THIS DOCUMENT BE USED AS IS.

YOU AND YOUR PRIMARY SUPERVISING PHYSICIAN MUST DESIGN A CPA SPECIFIC TO YOUR EDUCATION, CERTIFICATION, AND PRACTICE.

EXAMPLE— Collaborative Practice Agreement

This is a collaborative practice agreement between _____, **RN, MSN, AGPCNP-BC** and _____, **MD.**

Look for the words in red font! They indicate the elements required in a CPA.

- Drugs
- Devices
- Medical treatments
- Tests
- Procedures
- Pre-determined plan for emergency services
- How the NP and primary are continuously available to each other

I. Demographic Information

Name: _____**RN, MSN, AGPCNP-BC**
N.C. NP Approval Number: _____

Primary Supervising Physician: _____, **MD**

Office Practice Site:

Setting

The NP will function within the following facilities:

Scope of Practice

1. As a certified _____ nurse practitioner (national certification credentials), _____will provide care and disease management within this nurse practitioner's scope of practice to clients admitted under the care of _____, **MD** at the above listed facilities.

2. Clients that the NP will see will range in age from 14-100.

3. The most common clinical problems noted at the LTC facilities include pneumonia, urinary tract infections, depression, hypertension, and diabetes, etc. Management of clients will be handled in the following manner: Upon admission to the LTC facility, a complete review of the medical record, including computerized documents from hospitalizations and discharge summaries, will be performed. Admission orders will be verified and/or written, based on information provided within the dictated discharge summary from the referring service and/or information contained within the medical record, in combination with the NP's assessment of their ongoing medical needs. Clarification of appropriate orders or documented history, if needed, will be obtained from the referring service by telephone contact. Therapy regimens will be developed after initial assessment by PT/OT.

NP/Primary Supervising Physician Availability

Continuation of CPA example

The NP and the supervising physician will:

1. Collaborate in regards to care of the clients under our care at the listed LTC facilities.

2. The NP will consult with their primary supervising physician and/or backup supervising physician in any situation in which they feel uncertain regarding management of any client problem or concern.

3. The primary supervising physician will evaluate care given by the NP by reviewing notes written by the NP and reviewing client cases as needed.

4. Both parties will be continuously available to each other for consultation by direct communication or telecommunication.

In the event the supervising physician is unavailable, these standards will apply to the backup supervising physician with whom the NP is working.

Emergency Services

If a client's status deteriorates to a point where the offending problem can not be safely managed within the LTC facility, the NP will proceed to arrange for the client to be transferred back to acute inpatient care. In the event of cardiac or respiratory arrest, the NP will adhere to the policy of the LTC facility and notify the primary supervising physician or backup supervising physician.

Look for the words in red font! They indicate the elements required in a CPA.

- Drugs
- Devices
- Medical treatments
- Tests
- Procedures
- Pre-determined plan for emergency services
- How the NP and primary are continuously available to each other

Prescribing Authority

_____, RN, MSN, AGPCNP-BC will be authorized to prescribe/ order drugs, devices tests, medical treatments, and procedures that are within the scope of practice of the NP, and in accordance with applicable North Carolina law and rules.

Included but not limited to:
Could list drug classes
Devices
Common procedures/tests

21 NCAC 36 .0809 (b)(2) PRESCRIBING AUTHORITY

Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed, or ordered as established in the collaborative practice agreement.

(A) the nurse practitioner has an assigned DEA number that is entered on each prescription for a controlled substance;
(B) refills may be issued consistent with Controlled Substance laws and regulations; and
(C) the primary supervising physician(s) shall possess a schedule(s) of controlled substances equal to or greater than the nurse practitioner's DEA registration.

Continuation of CPA example

The drug categories that may be prescribed/ordered include: hypoglycemics/insulin, antiseizure, antihypertensives, antihistamines, antipsychotics, antidepressants, antibiotics.

Look for the words in red font! They indicate the elements required in a CPA.

- Drugs
- Devices
- Medical treatments
- Tests
- Procedures
- Pre-determined plan for emergency services
- How the NP and primary are continuously available to each other

(The language below is used in this example as the NP prescribes controlled substances.)

Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed, or ordered as established in the collaborative practice agreement.

(A) the nurse practitioner has an assigned DEA number that is entered on each prescription for a controlled substance;

(B) refills may be issued consistent with Controlled Substance laws and regulations; and

(C) the primary supervising physician(s) shall possess a schedule(s) of controlled substances equal to or greater than the nurse practitioner's DEA registration.

The devices that may be ordered/prescribed include: DVAC therapy, OT supplies (reacher, sock aide, shoe horn)

The tests that may be ordered/prescribed include:

The medical treatments that may be ordered/prescribed include:

The procedures that may be ordered/prescribed include:

It is recognized that no collaborative practice agreement can effectively cover every clinical situation. Therefore, the collaborative practice agreement is not intended to be a substitute for the exercise of professional judgment by the NP. There are situations involving client care, both common and unusual that require the individualized exercise of the NP's clinical judgment.

Documentation Requirements

This collaborative practice agreement must be reviewed at least annually and acknowledged by a signed dated sheet. This signed and dated CPA must be kept at the practice site.

Approval Statement

We, the undersigned, agree to the terms of this collaborative practice agreement as set forth in this document.

Primary Supervising Physician Signature: _____
Date: _____

Nurse Practitioner Signature: _____
Date: _____

BACK-UP SUPERVISING PHYSICIAN(S) FORM

(DO NOT SEND THIS FORM TO THE BOARDS)

As described in 21 NCAC 36 .0801 (2): "Back-up Supervising Physician" means a physician licensed by the Medical Board who, by signing this agreement with the nurse practitioner, acknowledges they understand and agree to provide supervision, collaboration, consultation, and evaluation of medical acts by the nurse practitioner in accordance with the collaborative practice agreement when the primary supervising physician is not available.

NAME OF NURSE PRACTITIONER: _____

Keep a copy of this form on file at all practice sites for which it applies as part of the inspectable supervisory arrangements statement described in Rule 21 NCAC 32M.0101(11) and 21 NCAC 36.801(11).

(1) _____ _____
(Signature of Back-up Physician) (Date)

(2) _____ _____
(Signature of Primary Supervising Physician) (Date)

(3) _____ _____
(Signature of Nurse Practitioner) (Date)

(1) _____ _____
(Signature of Back-up Physician) (Date)

(2) _____ _____
(Signature of Primary Supervising Physician) (Date)

(3) _____ _____
(Signature of Nurse Practitioner) (Date)

(1) _____ _____
(Signature of Back-up Physician) (Date)

(2) _____ _____
(Signature of Primary Supervising Physician) (Date)

(3) _____ _____
(Signature of Nurse Practitioner) (Date)

QUALITY IMPROVEMENT MEETINGS

NP RULE 21 NCAC 36 .0810(4) & (5)

- Have you provided copies of your documented Quality Improvement (QI) meetings between the NP **and** the supervising physician that are to be held every month for the first six months of your collaborative practice agreement?

- Do your documented QI meetings address clinical problem(s) discussed; progress toward improving outcomes; and recommendations, if any, for changes to treatment?

- Are these documented QI meetings signed and dated by those who attended, the NP, **and** the primary supervising physician?

Keep all signed/dated QI Meetings in NP notebook!

WHEN YOU ADD OR CHANGE PRIMARY SUPERVISING PHYSICIANS, YOU MUST HOLD AND DOCUMENT QI MEETINGS AS FOLLOWS:

- Monthly for the first six months
- Every six months thereafter

QI MEETING DOCUMENTATION MUST INCLUDE:

- Discussion of clinical problems (practice relevant)
- Progress toward outcomes
- Recommendations, if any, for changes in treatment
- Signatures/dates of NP and primary supervising physician

SAMPLE

NP QI MEETING FORM

QUALITY IMPROVEMENT PROCESS – DOCUMENTATION FOR MEETINGS SHALL INCLUDE:

1. CLINICAL PROBLEM(S) (practice relevant clinical issues):

56-year old male with known HF involving both ventricles admitted with shortness of breath and jaundice with elevated alkaline phosphatase (250), direct bilirubin (4.8), and GGT (162) was found on presentation. No nausea, vomiting or history of alcohol abuse.

Treatment interventions discussed:

Shortness of breath: Secondary to acute HF decompensation and significantly improved with diuresis.

Jaundice: Abdominal ultrasound demonstrated gallstones in the gallbladder with no biliary dilation. Liver echo texture was normal.

2. EVALUATION OF CURRENT TREATMENT INTERVENTIONS:

Initially, the elevated liver enzymes were considered obstructive in nature. Subsequently, based on ultrasound, it was thought to be congestive. Plan was to continue diuresis and discharge once stabilized. Outpatient recommendations: follow-up LFT's in 4-6 weeks and if still elevated, obtain viral hepatitis serologies.

3. IF NEEDED, A PLAN OR RECOMMENDATION(S) FOR IMPROVING OUTCOMES:

Hospital day #7: Enzymes remain elevated. GI consult was obtained for more definitive exclusion of obstructive jaundice with MRCP and laboratory studies including viral hepatitis serologies, iron studies, thyroid-stimulating hormone, antinuclear antibodies, and antimitochondrial antibodies.

_____ _____

NP Signature Date

_____ _____

Primary Supervising Physician Signature Date

QI Meeting Form

Template

QUALITY IMPROVEMENT PROCESS – DOCUMENTATION FOR MEETINGS SHALL INCLUDE:

1. CLINICAL PROBLEM(S) (practice relevant clinical issues):

2. EVALUATION OF CURRENT TREATMENT INTERVENTIONS:

3. IF NEEDED, A PLAN OR RECOMMENDATION(S) FOR IMPROVING OUTCOMES:

SIGNATURE(s) OF THOSE ATTENDED AND DATES:

_____ _____

NP Signature Date

_____ _____

Primary Supervising Physician Signature Date

PROOF OF REGISTRATION CONTROLLED SUBSTANCES REPORTING SYSTEM

Every NP who prescribes controlled substances shall enroll and utilize the Controlled Substances Reporting System (CSRS) within 30 days after obtaining an initial or renewal approval to practice that confers the authority to prescribe a controlled substance for providing medical care for a client.

21 NCAC 36 .0809 (b)(2-6)

(2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed, or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:

(A) the nurse practitioner has an assigned DEA number that is entered on each prescription for a controlled substance;

(B) refills may be issued consistent with Controlled Substance laws and regulations; and

(C) the primary supervising physician(s) shall possess a schedule(s) of controlled substances equal to or greater than the nurse practitioner's DEA registration.

(3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:

(A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and

(B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.

(4) Each prescription shall be noted on the patient's chart and include the following information:

(A) medication and dosage;

(B) amount prescribed;

(C) directions for use;

(D) number of refills; and

(E) signature of nurse practitioner.

(5) Prescription Format:

(A) all prescriptions issued by the nurse practitioner shall contain the name of the patient and the nurse practitioner's name and telephone number;

(B) the nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.

(6) A nurse practitioner shall not prescribe controlled substances, as defined by the State and Federal Controlled Substances Acts, for the following:

(A) nurse practitioner's own use;

(B) nurse practitioner's supervising physician;

(C) member of the nurse practitioner's immediate family, which shall mean a:

spouse; parent; child; sibling; parent-in-law; son or daughter-in-law; brother or sister-in-law; step-parent; step-child; or step-siblings;

(D) any other person living in the same residence as the licensee; or

(E) anyone with whom the nurse practitioner is having a physical, sexual, or emotionally intimate relationship.

(c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21 NCAC 46 .1703 that is hereby incorporated by reference including subsequent amendments.

Questions?

For questions pertaining to elements in this guide, email aprnpractice@ncbon.com.

To renew your NP approval to practice, update supervising physician, etc., use the Nurse Portal, a single portal used to submit and manage all licensure and listing applications.

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