To: ARNP Applicants

From: Nursing Care Quality Assurance Commission
Department of Health
P.O. Box 47864
Olympia, WA 98604-7864

Subject: Earning practice hours through supervision, when licensing requirements are not met.

Date: December 22, 2008

These instructions are for the Advanced Registered Nurse Practitioner whose license is due for renewal, expired, inactive, or pending endorsement from another state, where the required 250 practice hours per two year renewal cycle or application date, have not been met (not to exceed 1,000 hours).

The application process is different for each circumstance; please see application on DOH website for requirements. www.doh.wa.gov

1. You must submit a written notification with preceptor agreement to the nursing commission thirty days prior to the supervision experience.
   a. The agreement will include the name and license number of the ARNP or physician who will be supervising you. Their practice must be in the same practice area as your license. You must also include the number of hours to be completed, meeting the requirements of your licensure, or reactivation. (Please use ARNP/Physician agreement form provided by the Nursing Commission attached to this packet.)

2. During the time of the supervision, you will be practicing under your RN license and not use the designation of ARNP.

3. At the end of the supervision period, the supervisor will submit a written evaluation to the commission. (Evaluation must be on company letterhead; see example letter.)

For further detail of the rules regarding supervised practice, please see the following website: www.leg.wa.gov/legislature. The Advance Practice rules are under WAC Chapter 246-840.
Supervised Practice Notification

I, _____________________________________________________ am notifying the Nursing Care Quality Assurance Commission that I will be obtaining supervised practice to meet my licensure requirements. I have included the ARNP/Physician supervising agreement listing the name of my preceptor and credential information. My circumstances for licensure are as follows:

1. ☐ I have an expired or inactive ARNP license in Washington State, but have been out of practice for _____ years.

2. ☐ I have an active ARNP license in Washington State, but did not meet my 250 practice hours within the two year renewal cycle, to be able to renew.

3. ☐ I am a first time applicant for the state of Washington, and have been licensed as an ARNP in another state. I have not been in practice for _____ years.

4. ☐ I am a first time applicant for the state of Washington with an active ARNP license in another state, but did not meet the 250 practice hours within the last two years.

5. ☐ Other: (Please explain) _____________________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Based on the information above, I will complete _____ hours of supervised practice by _______________________.

Date

_________________________________________  ___________________________
Applicant’s Signature                      Date
# ARNP/Physician Supervising Agreement

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<tr>
<th>Effective Date</th>
<th>Supervisor’s Name/Title</th>
<th>License Number</th>
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has agreed to supervise

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<tr>
<th>Applicant’s Name</th>
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in the role of Advanced Registered Nurse Practitioner at

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The duration of the supervision will be _____ hours consistent with the applicant’s license requirement.

The supervisor will provide no less than 250 hours, no more than 1,000 hours of supervised learning and implementation consistent with the applicant’s scope of practice. At the end of the supervised period, the supervisor shall provide a written evaluation of the applicant on company letterhead. The evaluation will verify whether or not the applicant has successfully completed the required hours. If the supervision period was successful, the letter must state that the applicant’s knowledge and skills are at a safe and appropriate level to practice as an ARNP.

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<th>Supervisor’s Signature</th>
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**For Official use Only**

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<th>Supervisor credential checked</th>
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<th>Applicant credential checked</th>
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Example Letter

Supervised Practice Evaluation

I, ______________________________________________, have completed supervising

Supervisor’s Name

______________________________________________, for _______ hours of ARNP

Applicant’s Name

supervised practice within his/her area of practice. I further verify that the applicant has

Note: Evaluation must be on company letterhead.

successfully completed the required hours of supervised clinical practice and that the

applicant’s knowledge and skills are at a safe and appropriate level to practice as an

ARNP.

__________________________________________     _________________________

Supervisor’s Name         Supervisor’s Signature         Date

__________________________________________    __________________________

Applicant’s Name            Applicant’s Signature         Date