

**Advanced Registered Nurse Practitioners (ARNPs) in Washington State:
Frequently Asked Questions
March, 2009**

Q#1. What are the main changes to the new ARNP rules effective on January 1, 2009?

A#1. The main changes include the following:

- The ARNP scope of practice was broadened to include “perform procedures or provide care services that are within the scope of practice according to the Commission approved certification program;”
- The recognition of three ARNP designations which consist of Nurse Practitioner (NP), Certified Nurse Midwife (CNM) and Certified Registered Nurse Anesthetist (CRNA);
- The identification of Commission approved certification examinations as those accepted by the National Commission on Certifying Agencies or the American Boards of Nursing Specialties {Refer to [WAC 246-840-302](#)(3) for programs and approved examinations};
- The Commission will no longer accept initial new licensure applications from psychiatric mental health clinical nurse specialists. Currently licensed psychiatric mental health clinical nurse specialists will continue to be licensed as ARNPs as long as they do not allow their certification to expire and meet licensing requirements;
- Initial ARNP licensing requirements for new graduates of advanced registered nurse programs now require that an applicant hold an RN license in Washington state that is not subject to sanctions or restrictions from the Commission and that the applicant must have graduated from his or her educational program within the past year;
- ARNP application requirements were established for licensed advanced practice nurse applicants from other states and countries;
- Official educational transcripts and certification documents must now be directly sent to the Commission from the educational institution or certifying body;
- The 30 hours of continuing education renewal requirements for ARNP who have certification in more than one related area of practice may now count overlapping or related hours in each certification area;
- The 30 hours of continuing education for licensure renewal are in addition to the 15 hours of continuing education required for prescriptive authority and must be acceptable to the commission approved certification program;
- The 250 hours of clinical practice renewal hours may now include the formulation, implementation and evaluation of plans of care for patients for whom ARNPs are responsible and the teaching of advanced nursing practice if the faculty member is providing patient care or serving as a preceptor;

- Provisions for inactive license credentials were established in the new rule (Refer to [WAC 246-840-365](#));
- The 15 hours of continuing education required for prescriptive authority must relate to the ARNP's scope of certification and practice; and
- Requirements for the advanced registered nurse educational programs in Washington were established in the new rule (Refer to [WAC 246-840-455](#)).

Q#2. Is there a formulary or list of drugs which ARNP's must use in order to prescribe medication or treatments?

A#2. No. Each ARNP is accountable for every medication or treatment ordered. Each ARNP must practice within his or her certification area(s) and scope of practice. All treatment decisions should be based on assessment of patient data and must be properly documented.

Q#3. What about schedule II-IV medications? How can an ARNP find out whether or not medications fall into these categories?

A#3. ARNPS may prescribe these medications only after obtaining prescriptive authority {Refer to [WAC 246-840-410](#) and www.doh.wa.gov/nursing}. An excellent source for a listing of the medications, along with prescribing information and potential for diversion and misuse is the Drug Enforcement Authority's website: www.deadiversion.usdoj.gov

Q#4. Can a physician delegate additional functions to an ARNP in order to allow the ARNP to expand his or her scope of practice? Examples include: (1) a family physician delegating the authority to see children to an adult nurse practitioner, or (2) a women's health nurse practitioner caring for men with problems other than sexually transmitted diseases.

A#4. No. Nursing rules clearly state that the ARNP must practice within his or her educational preparation and certification scope of practice, and the Medical Commission has stated that physicians may not delegate such functions. "The Medical Commission reminds physicians and physician assistants that the delegation of any function, which requires individuals to be licensed to perform, can only be delegated to individuals licensed for the function. It is considered unprofessional conduct to delegate license required functions to unlicensed individuals or to individuals not licensed in the specific profession. {Refer to [RCW 18.130.180\(10\)](#) Aiding or abetting an unlicensed person to practice when a license is required and Washington State Medical Quality Assurance Commission Journal; Fall, 1996, vol. 2}.

Q#5. How can an ARNP determine if a specific procedure or skill is within his or her scope of practice? Examples include: a Pediatric Nurse Practitioner performing a circumcision or a Woman's Health Practitioner performing a colonoscopy.

A#5. Each ARNP is accountable for his or her own actions which are based on educational preparation, experience and competence to perform any function. {Refer also to the Commission's Scope of Practice Decision Tree located at www.doh.wa.gov/hsqa/Professions/Nursing/documents/tree.pdf }

Q#6. What is the difference between ARNP licensure and certification?

A#6. ARNP licensure is granted by the Commission. {Refer to [WAC 246-840-340](#) for initial licensing requirements and [WAC 246-840-360](#) for renewal}. Prescriptive authority initial licensing requirements are identified in [WAC 246-840-410](#) and the renewal in [WAC 246-840-450](#).

ARNP certification is granted by a Commission approved certifying body such as the American Academy of Nurse Practitioners, American Nurses Credentialing Center, National Certification Corporation for Obstetric, Gynecological and Neonatal Nursing, Pediatric Nursing Certification Board, American Midwifery Certification Board, and Council on Certification of Nurse Anesthetists. These organizations certify people in various specialties and subspecialties.

Q#7. What are the requirements for an ARNP who would like to be licensed in more than one ARNP designation? An example might include: a Nurse Practitioner (NP) who would like the designation of Certified Nurse Midwife (CNM).

A#7. The ARNP must meet the formal educational requirements for each designation and obtain certification from the Commission approved certifying body.

Q#8. What are the requirements for certification in the various specialty areas?

A#8. These requirements are determined by the Commission approved certifying body.

Q#9. Does the Commission identify these various certification specialties on the ARNP license?

A#9. No. The Commission recognizes the ARNP designation based on the educational preparation and successful certification as a Nurse Practitioner, Certified Mid-wife or Certified Registered Nurse Anesthetist. Certification recognition comes directly from the Commission approved certifying body.

Q#10. How can employers of ARNPs check the status of person's specialty certification?

A#10. Since the Commission does not issue certification documents, the employer or ARNP must contact the certifying body directly and obtain the information required.

Q#11. An ARNP is certified as a Family Nurse Practitioner and is working strictly in the specialty area of Pediatric Neurosurgery. Does it matter that he/she never sees adults? Will he/she be able to go back and work with adults some time in the future?

A#11. An ARNP may choose to sub-specialize within his or her scope of practice. At any point in his or her career this may change, as jobs and community needs change. An ARNP cannot expand his or her scope to an age range beyond the initial educational preparation (i.e. an Adult Nurse Practitioner cannot start seeing children without going back to school to complete the Family Nurse Practitioner or Pediatric Nurse Practitioner Program).

Q#12. If an ARNP limits his or her practice to a subspecialty area of practice, can the content of the continuing education courses be limited to the subspecialty area, or should courses encompass the entire spectrum of the certification?

A#12. Continuing education hours must be acceptable to the Commission approved certifying body for which the certification is obtained and must directly relate to the ARNP's practice area.

Q#13: What if an ARNP has two Nurse Practitioner certifications, how does that impact the continuing education requirements?

A#13: The ARNP must have 30 hours of continuing education in each certification area and these hours must be acceptable to the certifying body. However, related continuing education hours may be counted in two or more areas of certification. For example, if an ARNP is certified as both a family nurse practitioner and a geriatric nurse practitioner, the continuing education hours that apply to the geriatric certification may also be counted in the continuing education requirements for the family nurse practitioner since the training is applicable to both certifications and accepted by the certifying bodies.

If the ARNP has prescriptive authority, an additional 15 hours of continuing education in pharmacotherapeutics related to his or her scope of practice is required. For example, if a family nurse practitioner is primarily providing services to the geriatric population, the continuing education hours in pharmacotherapeutics must be related to geriatric pharmacology. If the family nurse practitioner has a varied practice and serves children as well as adults, the continuing education hours must be specific to the educational needs of the ARNP serving both of these populations.

Q#14: What are the specific requirements of continuing education courses for the renewal of ARNP license?

A#14: The specific continuing education course requirements for ARNP renewal are that they must:

- Be acceptable to the Commission approved certifying body;
- Be obtained from courses in which the contact hour is at least 50 minutes;
- Not include the 15 hours of continuing education required for ARNPs with prescriptive authority; and
- Not include the same course taken more than once during the renewal cycle.

Q#15: What are the specific requirements of continuing education courses for the renewal of ARNP prescriptive authority?

A#15: The specific course requirements for ARNP prescriptive authority are that they must:

- Relate to the ARNP's scope of certification and scope of practice;
- Be obtained from courses in which the contact hours is at least 50 minutes; and
- Not include the same course taken more than once during the renewal cycle.

Q#16. If an ARNP chooses to stop working for a few years while his or her children are young, can he or she start working again as an ARNP at some point in the future?

A#16. The licensed ARNP must apply for an inactive credential as identified in [WAC 246-840-365](#). Prior to returning to active status, a person must complete 250 hours for each two-year period of inactive license status for a maximum of 1000 hours of advanced clinical

practice supervised by an ARNP or physician in the same practice area. The individual must also be certified by a Commission approved certifying body.

Q#17. Can an employer or health care institution impose policies which ARNP's must follow in order to prescribe Schedule II-IV medications? Some institutions are saying the ARNPs must meet certain institutional criteria in order to prescribe, which does not seem right, since ARNPs have legal authority to write these prescriptions.

A#17. Yes, public or private health care institutions can choose to limit prescribing privileges of any credentialed health care provider with prescriptive authority. The Nursing Commission, Medical Board and Pharmacy Board have no jurisdiction or ability to overrule these institutional policies.

Q#18. Can an employer or health care institution limit ARNP admitting privileges?

A#18. Yes, public or private health care institutions can choose to limit ARNP admitting privileges even though admitting privileges are clearly within the ARNP scope of practice.

Q#19. What if someone has an official educational transcript (in sealed envelope from the school) in their possession, can it be submitted along with the ARNP application?

A#19: No it will not be accepted. Only transcripts submitted directly by the educational institution will be accepted. This practice is done to protect the public against documentation fraud and misrepresentation of a person entrusted with their care.

Q#20: What if an initial applicant's education is more than one year ago?

A#20: The ARNP applicant may petition the Commission for an exemption from this rule if the applicant has experienced an undue hardship {Refer to [WAC 246-840-340 \(3\)\(a\)](#) for what constitutes an undue hardship}. Undue hardship does not include failure of the examination. The ARNP applicant must provide evidence as requested by the Commission of any undue hardship.

Q#21: Will ARNPs receive multiple licenses if he or she has multiple designations (for example a designation as a Nurse Practitioner and a designation as a Certified Midwife)?

A#21: In this situation, the ARNP would receive two licenses, one as a Nurse Practitioner (NP) and the other as a Certified Midwife (CNM).

Q#22: Will a Nurse Practitioner who is certified in multiple areas of practice continue to receive multiple ARNP licenses (for example, an ARNP with both a Family Nurse Practitioner certification and an Adult Nurse Practitioner certification)?

No, only one license will be issued and the designation will be Nurse Practitioner.

Q#23: The new rules allow for the issuance of an inactive license. Prior to returning back to active license status, the inactive credential holder must obtain 250 hours for each two-year period of inactive license status for a maximum of 1000 hours of advanced clinical practice supervised by an ARNP or physician in the same practice area that the

applicant is seeking licensure. How do I find a supervisor to obtain my supervised practice hours?

A#23: It is up to the inactive license holder to find a supervisor to supervise their practice hours. Generally, if a person is planning on returning to a particular work setting, that work setting may have either an ARNP or physician that would supervise the practice hours. ARNP professional organizations may also provide the network to locate a supervising ARNP.

Q#24: What do educational institutions in the state of Washington have to do to meet the rule requirements?

A#24: By April 1, 2009 existing accredited advanced practice educational programs must send to the Commission current accreditation documentation from all accrediting bodies. After this initial notification to the Commission, the educational institutions are required to send accreditation documentation from all accrediting agencies within 30 days from receipt of the report from the accreditation body. Programs that do not receive full accreditation are required to submit copies of self-evaluation report(s) and any interim report (s) provided to all nursing or nursing-related national accrediting agencies at the time of notification from the accrediting agency that the program has not been fully accredited. (Refer to [WAC 246-840-455](#) for other requirements).

Q#25: What requirements exist for educational institutions that want to create new advanced practice educational program(s)?

A#25: The newly created advanced practice educational program must submit to the Commission the following:

- Copies of the curricula within 30 days of sending the information to the accrediting agency;
- Other accreditation materials as requested by the Commission; and
- Accreditation documentation from all accrediting agencies within 30 days from receipt of the report from the accreditation body.