Advanced Registered Nurse Practitioner (ARNP) Supervised Practice Application Plan

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). This also applies to ARNP students who apply for licensure one year past graduation and have not yet practiced. For every year past graduation, 125 supervised practice hours are required.

The application process is different for each circumstance. For requirements, please see the application on the Department of Health (DOH) website: www.doh.wa.gov.

1. You must submit a written notification with the supervisor agreement to the Nursing Commission 30 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 or education. Please use the ARNP/Physician agreement form provided by the Nursing Commission attached to this packet.

2. Once you have applied for your license or renewal and have a supervisor agreement in place the Nursing Commission shall issue an ARNP interim permit in which you will use to complete your supervised practice. You may use the title of Interim Advanced Registered Nurse Practitioner.

3. At the end of the supervision period, the supervisor will submit a written evaluation to the commission. The evaluation must be on company letterhead; see example letter. More than one supervisor is acceptable as long as each supervisor completes an evaluation or agrees upon one evaluation.

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 246-840-340, 365, and 367.
Supervised Practice Notification

I, __________________________________________________________ am notifying the

Applicant’s Name

Nursing Care Quality Assurance Commission that I will be obtaining supervised practice to meet my licensure requirements. I have included the ARNP/Physician(s) supervising agreement listing their name(s) 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. □ I am a new graduate but it has been a year or more since I graduated and need to complete 125 supervised practice hours for each year since graduation.

6. □ Other: (Please explain)

□ If I owe less than 1,000 hours I understand I must complete my supervised practice before another two-year cycle is past or I will owe another 250 hours.

□ I am a new graduate and I know I must complete my supervised practice before another year past graduation or I will owe another 125 hours.

Based on the information above, I will complete ______ hours of supervised practice by _________.

_____________________________________________  __________________________
Applicant’s Signature  Date
ARNP/Physician Supervising Agreement

Effective __________. ____________________________________________________________________________, __________

Date Supervisor’s Name/Title License Number

agrees to supervise ____________________________________________________________________________,

Applicant’s Name License Number

in the role of Advanced Registered Nurse Practitioner at ____________________________________________.

Name of Facility

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

The supervisor will provide 250 hours (125 for new graduates), 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 the applicant’s knowledge
and skills are at a safe and appropriate level to practice as an ARNP.

Supervisor’s Signature ___________________________ Date __________

Applicant’s Signature ___________________________ Date __________
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 the applicant has successfully
completed the required hours of supervised clinical practice and the applicant’s knowledge and
skills are at a safe and appropriate level to practice as an ARNP.

__________________________________________  __________________________
Supervisor’s Signature              Date

__________________________________________  __________________________
Applicant’s Signature              Date

(Note: Evaluation must be on company letterhead.)