

TITLE 485. OKLAHOMA BOARD OF NURSING
CHAPTER 10. LICENSURE OF PRACTICAL AND REGISTERED NURSES

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

Subchapter 15. Requirements for Practice As An Advanced Practice Registered Nurse

485:10-15-4. [AMENDED]

Subchapter 16. Requirements for Prescriptive Authority For Advanced Practice Registered Nurses

485:10-16-1. [AMENDED]

485:10-16-3.2. [AMENDED]

AUTHORITY:

Oklahoma Board of Nursing; 59 O.S., §§ 567.2(A), 567.3a, 567.4a, 567.4c, 567.4(F), 567.5a

ADOPTION:

September 23, 2026

EFFECTIVE:

November 1, 2026

EXPIRATION:

Effective through September 14, 2027, unless superseded by another rule or disapproved by the Legislature.

SUPERSEDED EMERGENCY ACTIONS:

n/a

INCORPORATIONS BY REFERENCE:

n/a

FINDING OF EMERGENCY:

Emergency rule changes to Subchapter 15. Requirements for Practice As An Advanced Practice Registered Nurse and Subchapter 16. Requirements for Prescriptive Authority For Advanced Practice Registered Nurses are required to align agency rules with state statute pursuant to the passage of SB 1567, effective November 1, 2026, regarding independent prescriptive authority for Advanced Practice Registered Nurses.

GIST/ANALYSIS:

The proposed amendments will provide a mechanism for implementation of law changes through nursing regulation to ensure requirements are in alignment with state statute to grant independent prescriptive authority practice.

REASON FOR THE RULE:

The proposed emergency rules are required to timely coincide with the SB 1567 effective date of November 1, 2026, to align the agency's administrative rules with state statutes. The permanent rulemaking process will not meet the time constraint of the statute effective date.

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PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY RULES ARE CONSIDERED PROMULGATED AND EFFECTIVE UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S., SECTION 253(F), WITH A CONTINGENT EFFECTIVE DATE OF NOVEMBER 1, 2026:

CHAPTER 10. LICENSURE OF PRACTICAL AND REGISTERED NURSES

SUBCHAPTER 15. REQUIREMENTS FOR PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE

485:10-15-4. Application

(a) An applicant for licensure as an Advanced Practice Registered Nurse must:

- (1) Hold a current license to practice as a Registered Nurse in Oklahoma;
- (2) Cause submission of an official transcript verifying completion of an advanced practice registered nursing education program in one of the four advanced practice registered nurse roles (CNP, CNM, CNS, and CRNA) and a specialty area recognized by the Board. The transcript must be obtained from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts. The applicant shall have completed an accredited graduate level advanced practice registered nursing education program in at least one of the following population foci: family/individual across the lifespan, adult-gerontology (acute and/or primary), neonatal, pediatrics (acute and/or primary), women's health/gender related, or psychiatric/mental health;
- (3) submit evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board; and
- (4) submit a completed application for licensure containing such information as the Board may prescribe and the required fee. If the application is not completed within one (1) year, a new application and new fee will be required.
- (5) demonstrate evidence of maintaining insurance or proof of financial responsibility as required under 59 O.S. § 567.5b. If audited, the Advanced Practice Registered Nurse shall present documentation supporting compliance with the insurance or proof of financial responsibility requirement.

(b) Changing and adding certifications.

- (1) An Advanced Practice Registered Nurse who wishes to add an area of specialty and national certification must meet initial requirements for advanced practice licensure, as identified in 485:10-15-4(a).
- (2) An Advanced Practice Registered Nurse who changes national certification and certifying body within the same specialty area must notify the Board in writing within thirty (30) days of the change and submit a copy of a current national certification recognized by the Board within the same specialty area.
- (3) An Advanced Practice Registered Nurse who does not renew or maintain one or more of their national certifications must notify the Board in writing within thirty (30) days of the change. The license for which the national certification has expired will be placed on inactive status. The Advanced Practice Registered Nurse shall not work in the specialty area upon expiration of national certification.

(c) Endorsement.

- (1) An applicant who is licensed or recognized as an APRN in another U.S. state or territory may be issued an APRN license by endorsement if current Board requirements for licensure as an APRN are met. A Board-recognized APRN holding recognition may continue to be licensed as an APRN with his or her current certification, even if such certification is no longer included on the list of recognized APRN certifications and certifying bodies approved by the Board, PROVIDED the APRN license remains in an active status and current certification is maintained. The applicant must have met all requirements of the advanced practice certifying body to maintain full certification, including requirements for maintaining continuing competence. An applicant for APRN licensure by endorsement who holds certification on provisional or conditional status may be considered for licensure by the Board.
- (2) In addition to meeting other requirements for endorsement established by the Board in these rules, the applicant for endorsement of the APRN license must demonstrate continued qualifications for practice through completion of one or more of the following requirements within the last two (2) years prior to receipt of a completed application in the Board office:

- (A) Cause submission of an official transcript, from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, or certificate of completion verifying completion of an APRN nursing refresher course meeting the requirements established by the Board in policy;
- (B) Cause submission of an official transcript, from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, verifying successful completion of at least six (6) academic semester credit hours of APRN nursing courses in the same role and population focus as was previously held by the APRN in a graduate-level APRN program, which includes classroom and clinical instruction;
- (C) Present evidence of current licensure or recognition as an APRN in another state or territory with employment in a position that requires APRN licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for endorsement in the Board office;
- (D) Submission of evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board.

(d) Temporary license for endorsement applicants. Temporary licensure may be granted under the following conditions:

- (1) Current unrestricted licensure as an RN in Oklahoma;
 - (2) Current unrestricted APRN licensure or recognition in another state or territory in the same role with no history of arrest or disciplinary action requiring further review;
 - (3) Demonstrates evidence of meeting continuing qualifications for practice through meeting the requirements of 485:10-15-4(c)(2);
 - (4) Evidence of completing an advanced practice registered nursing education program in one of the four roles and a specialty area recognized by the Board;
 - (5) Evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board;
 - (6) Completed application for endorsement and temporary recognition and the required fees; and
 - (7) Submission of fingerprints with the fee established by the Oklahoma State Bureau of Investigation and/or vendor for the purpose of permitting a state and national criminal history records search to be completed.
 - (8) The temporary license may not be issued for a period longer than ninety (90) days.
 - (9) The temporary license may be extended, but such period shall be no longer than one (1) year for any applicant.
- (e) **Licensure of active duty military or the spouse of an active military individual.** Applications must be completed and filed with the Board.
- (1) Submit with the endorsement application a copy of the United States Uniformed Services Identification and Privilege Card and a copy of the Permanent Change of Station orders for the active military individual;
 - (2) The requested Oklahoma license and/or temporary license shall be issued within thirty (30) days for their currently held valid license from another state or territory provided the license from the other state is found to be in good standing and reasonably equivalent to the requirements of this state; and
 - (3) The fee for licensure, including temporary license, of active duty military or the spouse of an active duty military individual is waived with the license expiration date extended through the first renewal cycle.
- (f) **Certification program.** The Board shall identify and keep on file the current list of recognized APRN certifications and certifying bodies approved by the Board. A Board-recognized APRN holding recognition prior to July 1, 2012, may continue to be licensed as an APRN with his or her current certification, even if such certification is no longer included on the list of recognized APRN certifications and certifying bodies approved by the Board, PROVIDED the APRN license remains in an active status and current certification is maintained. A licensee may request that a certification program be considered by the Board for inclusion on the list. The certification program shall provide documentation of compliance with the following standards:
- (1) The certification program is national in the scope of its credentialing;
 - (2) Conditions for taking the certification examination are consistent with standards of the testing community;
 - (3) Educational requirements are consistent with the requirements of the advanced practice role and specialty;
 - (4) The standard's methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies;
 - (5) Certification programs are accredited by a national accreditation body as acceptable by the Board;
 - (6) The examination represents entry-level practice in the APRN role and specialty;
 - (7) The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients;
 - (8) Examination items shall be reviewed for content validity and correct scoring using an established mechanism, both before use and at least every five years. When possible, items will be reviewed for cultural bias;
 - (9) The passing standard is established using acceptable psychometric methods and is re-evaluated at least every five years;
 - (10) Certification is issued based upon meeting all certification requirements and passing the examination;
 - (11) A re-take policy is in place;
 - (12) Certification maintenance program, which includes review of qualifications and continued competence, is in place;
 - (13) Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in the certification status, and changes in the certification program, including qualifications, test plan and scope of practice; and
 - (14) An evaluation process is in place to provide quality assurance in the certification program.

SUBCHAPTER 16. REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES

485:10-16-1. Definitions

The following words or terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Continuing education categories" as set out below present and define methods for meeting initial and renewal contact and academic credit hours at an advanced practice level as required for prescriptive authority:

- (A) Category A: Academic credit.
- (B) Category B:

- (i) Onsite Seminar or lecture or workshop or course approved for contact hours, continuing education units or continuing medical education units through a recognized approver of continuing education; or
- (ii) Online continuing education for initial applications must be approved through a recognized approver of continuing education, and includes a minimum of thirty hours obtained from a single provider that is faculty-directed, with processes for interaction of the participant with faculty, evaluating the participant's learning through successful completion of case studies or written assignments and a comprehensive examination using a mechanism to ensure security of the evaluation process.

(C) Category C: Online seminars or workshops, or articles in professional journals or other professional references approved for contact hours, continuing education units or continuing medical education units through a recognized approver of continuing education.

(D) Category D: Published article in refereed journal/book/research project. Evidence of publication of one article related to pharmacotherapy appropriate for Advanced Practice Registered Nurses. These will be evaluated on a case-by-case review.

(E) Category E: Presenter/lecturer. Evidence of providing content related to pharmacotherapeutics at an advanced practice level. The presentation/lecture must be approved for contact hours or offered as part of an academic course with a target audience of advanced practice nurses.

"Course in pharmacotherapeutic management" means a course in which the content must include pharmacodynamic and kinetic principles, classifications of medications relevant to the scope of practice, sources for and methods of evaluating drug information, legal and ethical implications of prescribing, clinical application and use of pharmacological agents in the prevention of illness, restoration and maintenance of health.

"Good standing" means the absence of any ongoing disciplinary investigation or limitation upon the nurse's full and unrestricted practice of nursing. Such limitations include but are not limited to revocation, suspension, probation, monitoring, and participation in the Peer Assistance Program. A nurse may be in good standing despite receiving a reprimand or letter of concern, an order mandating they complete additional continuing education, or an order mandating payment of fees or penalties. Past periods in which conditions or restrictions were placed upon a nurse's licensure which have been resolved to the satisfaction of the Board shall not preclude good standing.

"Qualified preceptor" means an Advanced Practice Registered Nurse with a current unrestricted license who has a scope of practice which includes prescribing and has met the requirements for prescriptive authority; or a licensed practitioner of medicine or osteopathy with unrestricted prescriptive authority.

485:10-16-3.2. ~~Initial application~~ **Application for Independent Prescriptive Authority**

The Advanced Practice Registered Nurse applicant for independent prescriptive authority shall ~~meet the following requirements in addition to the requirements in 485:10-16-3:~~

- (1) ~~hold current Registered Nurse and Certified Nurse Practitioner, Certified Nurse Midwife, or Clinical Nurse Specialist licenses in Oklahoma and be in good standing with the Board;~~
- (2) ~~Submit a completed application for each type of recognition and advanced practice specialty certification held containing such information as prescribed by the Board may prescribe, including for reporting completion of six thousand two hundred forty (6,240) clinical practice hours with prescriptive authority supervised by a physician, and the required fee. Upon verification by the Board of the requisite completion of six thousand two hundred forty (6,240) clinical practice hours with prescriptive authority supervised by a physician. If the application is not completed within one (1) year, a new application and new fee will be required.~~

(A) Clinical practice hours include:

- (i) Performing services directly related to patient care.
- (ii) Providing clinical instruction to Advanced Practice Registered Nursing students at an accredited Advanced Practice Registered Nursing program. Time spent preparing to provide clinical instruction or performing administrative tasks related to providing clinical instruction should not be included in clinical practice hours.

(B) Attestation of clinical practice hours with prescriptive authority supervised by a physician:

- (i) On the form prescribed by the Board, an attestation from the Advanced Practice Registered Nurse that they have accrued the requisite hours.
- (ii) If audited, the Advanced Practice Nurse shall present documentation, as requested by board staff, to support their attestation regarding the requisite hours.

~~(2) Requirement for insurance. The Advanced Practice Registered Nurse with independent prescriptive authority shall demonstrate evidence of maintaining insurance or proof of financial responsibility as required under 59 O.S. § 567.5b(A). If audited, the Advanced Practice Registered Nurse shall present documentation supporting compliance with the insurance or proof of financial responsibility requirement.~~

RULE IMPACT STATEMENT: Oklahoma Board of Nursing; OAC Title 485., Chapter 10. Licensure of Practical and Registered Nurses, Subchapter 15. Requirements for Practice As An Advanced Practice Registered Nurse; Subchapter 16. Requirements for Prescriptive Authority For Advanced Practice Registered Nurses.

- a. Statement of the need for the rule and legal basis for supporting it:

Proposed changes to permanent rules are necessary to align rules with state statutes in the Nursing Practice Act and minimize barriers to independent prescriptive authority recognition for Advanced Practice Registered Nurses who are Certified Nurse Practitioners, Clinical Nurse Specialists and Certified Nurse Midwives.

- b. Classification of the rules as major or nonmajor, with a justification for the classification, including an estimate of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to businesses, state or local government units, or individuals and a determination of whether those costs will exceed One Million Dollars (\$1,000,000.00) over the initial five-year period following the promulgation of the proposed rule. Provided, if the costs exceed One Million Dollars (\$1,000,000.00), the agency shall classify the rule as a major rule.

The proposed rule changes for Subchapters 15 and 16 are non-major as total potential implementation costs, as measured by potential fees collected from applicants for independent prescriptive authority. One-time potential fees to be collected in the first year of implementation are \$187,000 based on an estimate of 2,200 current Advanced Practice Registered Nurses who may meet eligibility requirements and pay an application fee of \$85. The increase in fees is not anticipated to carry forward to future years as Advanced Practice Registered Nurses would either apply for supervised prescriptive authority or independent prescriptive authority upon renewal, but not both within the same year.

- c. Description of the purpose of the proposed rule, including a determination of whether the proposed rule is mandated by federal law, or as a requirement for participation in or implementation of a federally subsidized or assisted program, and whether the proposed rule exceeds the requirements of the applicable federal law. Summary and preliminary comparison of any existing or proposed federal regulations that are intended to address the activities to be regulated by the proposed rule:

The proposed amendments of section 4 within Subchapter 15 addresses malpractice insurance requirements for Advanced Practice Registered Nurses to ensure the rules of the Board align with the requirements of the Oklahoma Nursing Practice Act. This proposed amendment moves this requirement from 485:10-16-3.2(2) to 485:10-15-4(5) to more accurately reflect changes enacted in HB 2298 (2025).

The proposed amendments of sections 1 and 3.2 within Subchapter 16 ensures the rules of the Board comply with the revisions to the Oklahoma Nursing Practice Act enacted through SB 1567 (2026). The proposed amendments of 485:10-16-1 include the addition of the definition of "Good Standing". The proposed amendments of 485:10-16-3.2 reflect the changes in application

requirements for independent prescriptive authority established by SB 1567 (2026) and removes the malpractice insurance requirement from this section as it more accurately applies to Subchapter 15.

- d. Description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the costs of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:
Applicants for Independent Prescriptive Authority recognition.
- e. Description of classes of persons who will benefit from the proposed rule:
Minimizes barriers to independent prescriptive authority recognition for Advanced Practice Registered Nurses who are Certified Nurse Practitioners, Clinical Nurse Specialists and Certified Nurse Midwives in a way that is consistent and in alignment with state statutes.
- f. Comprehensive analysis of the rule's economic impact, including any anticipated impacts on affected classes of persons or political subdivisions, the full-time-employee count of the agency, any cost or benefits, and a detailed quantification of implementation and compliance costs on the affected businesses, business sectors, public utility ratepayers, individuals, state or local government units, and on the state economy as a whole. The analysis shall include a listing of all fee changes and, whenever possible, a separate justification for each fee change.
There will be no economic impact on political subdivisions. There are no fee changes associated with the rules.
- g. Detailed explanation of the methodology and assumptions used to determine the economic impact, including the dollar amounts calculated:
The potential one-time economic impact of \$187,000 is based on an estimate of 2,200 current Advanced Practice Registered Nurses who may meet eligibility requirements and pay an application fee of \$85 during the first year of implementation.
- h. Determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:
The implementation of the proposed rules will have no economic impact on a political subdivision or require cooperation in implementing or enforcing the rules.
- i. Determination of whether implementation of the proposed rule may have an adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.
The proposed rules will have no adverse impact on small business.
- j. Analysis of alternatives to adopting the rule; estimates of the amount of time that would be spend by state employees to develop the rule and of the amount of other resources that would be utilized to develop the rule; and measures taken by the

agency to minimize the cost and impact of the proposed rule on business and economic development in this state, local government units of this state, and individuals.

There are no identified alternatives to adopting the rule that ensure compliance with the new law. The agency has worked to minimize the costs by utilizing the existing authorized fee structure for this type of application. There are no identified impacts on economic development in this state.

- k. Determination of the effect of the proposed rule on the public health, safety, and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety, and environment and, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

Ensures the agency's granting of independent prescriptive authority is in alignment with state statutes.

- l. Determination of any detrimental effect on the public health, safety, and environment if the proposed rule is not implemented:

If the proposed rule is not implemented, the agency's licensing and certification rules will not be in alignment with state statutes.

- m. Date the rule impact statement was prepared and if modified, the date modified:

Prepared: September 3, 2026