

TITLE 485. Oklahoma Board of Nursing
CHAPTER 10. Licensure of Practical and Registered
Nurses

RULEMAKING ACTION:

Adopted Emergency Rules

RULES:

Subchapter 15. Requirements for Practice as an
Advanced Practice Registered Nurse

485:10-15-4. Application [AMENDED]

485:10-15-6. Practice as a Certified Nurse Practitioner
[AMENDED]

485:10-15-8. Practice as a Certified Nurse-Midwife
[AMENDED]

485:10-15-9. Practice as a Certified Registered Nurse
Anesthetist [AMENDED]

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

485:10-16-3. Initial application [AMENDED]

485:10-16-3.1. Endorsement [AMENDED]

485:10-16-3.2. Initial application for Independent
Prescriptive Authority [NEW]

485:10-16-4. Clinical Nurse Specialist pharmacology
requirements [REVOKED]

485:10-16-5. Maintenance [AMENDED]

485:10-16-6. Renewal [AMENDED]

485:10-16-7. Reinstatement/Inactive Status [AMENDED]

485:10-16-8. Information which must be included on the
prescription [AMENDED]

AUTHORITY:

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

COMMENT PERIOD:

N/A

PUBLIC HEARING:

N/A

ADOPTION:

September 30, 2025

EFFECTIVE:

November 1, 2025

EXPIRATION:

Effective through September 14, 2026, 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superseded by another rule or disapproved by the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SUPERSEDED EMERGENCY ACTIONS: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 HB 2298, effective November 1, 2025, regarding independent prescriptive authority for Advanced Practice Registered Nurses demonstrating evidence of completion of the specified number of practice hours under the supervision of an Oklahoma-licensed physician.

GIST/ANALYSIS:

The proposed changes will provide a mechanism for the implementation of new law while maintaining protection of the general public through nursing regulation to ensure requirements for prescriptive authority practice are met in a way that is demonstrable, measurable and in alignment with state statute to grant independent prescriptive authority practice.

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PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY RULES ARE CONSIDERED PROMULGATED UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S., SECTION 253(F), WITH A LATER EFFECTIVE DATE OF NOVEMBER 1, 2025:

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. ~~Effective January 1, 2016, the~~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.

(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 ~~holding more than one certification~~ who does not renew or maintain one or more of ~~the~~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. ~~Effective July 1, 2012, the~~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.

485:10-15-6. Practice as a Certified Nurse Practitioner

(a) **Educational preparation.** Successful completion of an education program shall establish eligibility to take the recognized nurse practitioner certification examination in a specialty area. The education program shall:

- (1) Prepare nurse practitioners in a graduate-level nursing program accredited by or holding preliminary approval or candidacy status with the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, or the Commission for Nursing Education Accreditation; or
- (2) Meet the following requirements:

- (A) be based on measurable objectives that relate directly to the scope of practice for the specialty area;
- (B) include theoretical and clinical content directed to the objectives;
- (C) be equivalent to at least one academic year. A preceptorship which is part of the formal program shall be included as part of the academic year;
- (D) be university-based or university-affiliated with oversight by a nursing program accredited by an approved national nursing accrediting agency.

(3) ~~Effective January 1, 2016, all~~ All applicants for initial licensure or licensure by endorsement as a Certified Nurse Practitioner must hold a graduate level degree from an advanced practice education program accredited by or holding preliminary approval or candidacy status with the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, or the Commission for Nursing Education Accreditation.

(b) **Scope of practice for CNP.** The Certified Nurse Practitioner's scope of practice includes the full scope of nursing practice and practice in an expanded role as follows:

- (1) The Certified Nurse Practitioner (CNP) provides comprehensive health care to clients across the life span.
- (2) The CNP is responsible and accountable for the continuous and comprehensive management of a broad range of health services, which include, but are not limited to:

- (A) promotion and maintenance of health;
- (B) prevention of illness and disability;
- (C) diagnosis and prescription of medications, treatments, and devices for acute and chronic conditions and diseases;
- (D) management of health care during acute and chronic phases of illness;
- (E) guidance and counseling services;
- (F) consultation and/or collaboration with other health care providers and community resources;
- (G) referral to other health care providers and community resources.

(3) The CNP will provide services based upon education, experience, and national certification. It is the responsibility of the licensee to document competency of any act, based upon education, experience and certification.

(4) The scope of practice as previously defined is incorporated into the following specialty categories and further delineates the population served:

- (A) Adult CNP (acute and/or primary) provides acute and/or primary health care to adolescents and adults.
- (B) Family CNP provides health care to persons across the lifespan.
- (C) Geriatric CNP provides health care to older adults.

(D) Neonatal CNP provides health care to neonates and infants.

(E) Pediatric CNP (acute and/or primary) provides acute and/or primary health care to persons from newborn to young adulthood.

(F) Women's Health Care CNP provides health care to adolescent and adult females. Care may also be provided to males with reproductive health needs or problems.

(G) Acute Care CNP provides health care to adults who are acutely or critically ill.

(H) The Adult Psychiatric and Mental Health CNP provides acute and chronic psychiatric and mental health care to persons age 13 or older.

(I) The Family Psychiatric and Mental Health CNP provides acute and chronic psychiatric and mental health care to persons across the lifespan.

(J) The Acute Care Pediatric CNP provides health care to persons from newborn to young adulthood with complex acute, critical and chronic health conditions.

(5) ~~Effective January 1, 2016, the~~The applicant for initial APRN licensure or APRN licensure by endorsement as a CNP shall hold certification 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.

(c) Advertisement of Health Care Services. The Certified Nurse Practitioner shall only advertise and offer health care services consistent with their scope of practice as defined in section (b) of this section. Any advertisement for health care services shall not imply that the Certified Nurse Practitioner is a physician or offering services beyond their personal and legal scope of practice.

485:10-15-8. Practice as a Certified Nurse-Midwife

(a) **Educational preparation.** An applicant for licensure as a Certified Nurse-Midwife must provide evidence of Successful completion of a nurse midwifery program accredited by the Accreditation Commission for Midwifery Education. ~~Effective January 1, 2016, an~~An applicant for initial licensure or licensure by endorsement as a Certified Nurse-Midwife must hold a graduate level degree from an advanced practice education program accredited by the Accreditation Commission for Midwifery Education.

(b) **Certification.** The applicant for licensure as a Certified Nurse-Midwife must hold current certification for the practice of nurse-midwifery from the American Midwifery Certification Board (AMCB).

485:10-15-9. Practice as a Certified Registered Nurse Anesthetist

(a) **Educational preparation.** An applicant for licensure as a Certified Registered Nurse Anesthetist must provide evidence of successful

completion of a nurse anesthesia education program accredited by the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational Programs. ~~Effective January 1, 2016, the~~The applicant for initial licensure or licensure by endorsement as a Certified Registered Nurse Anesthetist must hold a graduate-level degree from a program preparing the graduate for certification as a nurse anesthetist accredited by the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational Programs.

(b) **Certification.** The applicant for initial licensure or licensure by endorsement as a Certified Registered Nurse Anesthetist must hold current certification as a nurse anesthetist through the National Board of Certification and Recertification for Nurse Anesthetists.

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

485:10-16-3. Initial application

The Advanced Practice Registered Nurse applicant for prescriptive authority shall:

- (1) hold current Registered Nurse and Certified Nurse Practitioner, Certified Nurse Midwife, or Clinical Nurse Specialist licenses in Oklahoma;
- (2) submit a completed application for each type of recognition and advanced practice specialty certification held 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;
- (3) submit a written statement from an Oklahoma-licensed physician supervising prescriptive authority which identifies a mechanism for:
 - (A) appropriate referral, consultation, and collaboration between the Advanced Practice Registered Nurse and physician supervising prescriptive authority;
 - (B) availability of communication between the Advanced Practice Registered Nurse and physician supervising prescriptive authority through direct contact, telecommunications, or other appropriate electronic means for consultation, assistance with medical emergencies or patient referral;
 - (C) Advanced Practice Registered Nurses who meet the eligibility requirements and apply for independent prescriptive authority, as defined in 485:10-16-3.2, are not required to submit a written statement from an Oklahoma-licensed physician supervising prescriptive authority.
- (4) submit documentation verifying completion of forty-five contact hours of Category B continuing education or three academic credit hours of education, as required by law and

defined in the rules and regulations, in a course or courses in pharmacotherapeutic management that target/s Advanced Practice Registered Nurses or individuals enrolled in an advanced practice registered nursing education program and/or other authorized prescribers. Such contact hours or academic credits shall be obtained within a time period of three (3) years immediately preceding the date of receipt of application for prescriptive authority. The three (3) year time period may be waived if the applicant has graduated from their advanced practice registered nursing education program within a time period of three years immediately preceding the date of application for prescriptive authority and evidence that didactic and clinical preparation for prescribing was incorporated throughout the program;

(5) ~~Submit~~submit documentation verifying successful completion of a graduate level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management and didactic and clinical preparation for prescribing incorporated throughout the program. ~~Until January 1, 2016, a Clinical Nurse Specialist who verifies completion of a graduate level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management may meet the requirements in 485:10-16-4 in lieu of submitting verification of didactic and clinical preparation for prescribing incorporated throughout the advanced practice nursing education program.~~

485:10-16-3.1. Endorsement

In addition to meeting statutory requirements for endorsement of prescriptive authority, an applicant for prescriptive authority recognition by endorsement must:

- (1) Be licensed as an APRN in Oklahoma;
- (2) Submit a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one (1) year, a new application and new fee will be required;
- (3) Present evidence of licensure or recognition as an APRN in the same role with prescriptive authority in another state;
- (4) Submit a written statement signed by the Oklahoma-licensed physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral; or, if applying for independent prescriptive authority, submit an application and documentation as required by 485:10-16-3.2; and
- (5) Present evidence that during the two (2) years preceding receipt of the completed application for endorsement in the Board office of either (A) or (B) below:

(A) Employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours; or
(B) Documentation approved by the Board, verifying a minimum of fifteen (15) contact hours or one academic credit hour of education or the equivalent in pharmacotherapeutics and clinical application of use of pharmacological agents in the prevention of illness and in the restoration and maintenance of health, in a program approved by the Board that is more advanced than basic registered nurse preparation and that is applicable to the scope of practice and specialty certification.

(i) If the applicant selects option (B) above, the following categories identify how the education requirement may be met. No more than the identified percentage for each category may apply towards the contact hour/academic hour or the equivalent requirements for endorsement of prescriptive authority;

(ii) Maximum number of units acceptable in continuing education categories:

(I) Category A: up to 100% of requirement (1 credit hour)

(II) Category B: up to 100% of requirement (15 contact hours)

(III) Category C: up to 100% of requirement (15 contact hours)

(IV) Category D: up to 20% of requirement (3 contact hours)

(V) Category E: up to 20% of requirement (3 contact hours)

485:10-16-3.2. Initial 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) Submit an application prescribed by the Board for reporting completion of six thousand two hundred forty (6,240) clinical practice hours with prescriptive authority supervised by a physician. 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, the Advanced Practice Registered Nurse shall not be required to submit a written statement from an Oklahoma-licensed physician supervising prescriptive authority.

(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 education 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 Registered 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. Section 567.5b(A). If audited, the Advanced Practice Registered Nurse shall present documentation supporting compliance with the insurance or proof of financial responsibility requirement.

485:10-16-4. Clinical Nurse Specialist pharmacology requirements [REVOKED]

~~Until January 1, 2016, in addition to meeting the requirements in 485:10-16-3, and in lieu of submitting verification of didactic and clinical preparation for prescribing incorporated throughout the advanced practice nursing education program, the Clinical Nurse Specialist who submits an initial application for prescriptive authority may also submit:~~

~~(1) Documentation verifying completion of a course in pharmacotherapeutic management applicable to the Clinical Nurse Specialist's specialty area which must be a minimum of two credit hours or 30 contact hours of Categories A or B continuing education categories.~~

~~(2) Documentation verifying satisfactory completion of a minimum of 320 clock hours preceptorial experience with a qualified preceptor whereby the Clinical Nurse Specialist is providing direct care including demonstrating competence in prescribing drugs and medicines. This preceptorial experience must be developed and overseen by an academic program that prepares Clinical Nurse Specialists. All didactic coursework in pharmacotherapeutics must be a prerequisite or corequisite to the preceptorial experience verified by official documentation of approval by the academic program that offers the preceptorial experience.~~

485:10-16-5. Maintenance

(a) The Advanced Practice Registered Nurse may prescribe in writing, orally, or by other means of telecommunication, drugs or medical supplies which are not listed on the exclusionary formulary approved by the Board, and which are within the scope of practice for the Advanced Practice Registered Nurse, and that are not otherwise prohibited by law.

(b) The Advanced Practice Registered Nurse must have a supervising physician on file with the Board, unless they have been granted independent prescriptive authority by the Board, prior to prescribing drugs or medical supplies. Changes to the written statement between the Advanced Practice Registered Nurse and supervising physician shall be filed with the Board within thirty (30) days of the change and shall be effective upon filing.

(c) The Advanced Practice Registered Nurse with prescriptive authority who prescribes Schedule III-V drugs will comply with state and Federal Drug Enforcement Administration (DEA) requirements prior to prescribing controlled substances.

(i) No more than a 30-day supply for Schedule III-V drugs shall be prescribed by the Advanced Practice Registered Nurse with prescriptive authority.

485:10-16-6. Renewal

The application for renewal of prescriptive authority shall:

(1) be concurrent with the two-year RN licensure renewal and renewal of advanced practice registered nurse licensure;

(2) include:

(A) a completed application containing such information as the Board may prescribe and required fee;

(B) for Advanced Practice Registered Nurses who have not been granted independent prescriptive authority by the Board, documentation approved by the Board verifying a minimum of fifteen (15) contact hours, or one academic credit hour of education, or the equivalent, in pharmacotherapeutics, clinical application and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health. All of the required hours shall be obtained in a program beyond basic registered nurse preparation, approved by the Board, within the two-year period immediately preceding the effective date of application for renewal of prescriptive authority, which is applicable to the scope of practice and specialty certification. This documentation requirement does not apply to individuals renewing within twenty-four (24) months of initial prescriptive authority approval.

(i) The following categories identify how this requirement may be met. No more than the identified percentage for each category may apply towards the contact hour/academic hour or

the equivalent requirements for renewal of prescriptive authority;

(ii) Maximum number of units acceptable in continuing education categories:

(I) Category A: up to 100% of requirement (1 credit hour)

(II) Category B: up to 100% of requirement (15 contact hours)

(III) Category C: up to 100% of requirement (15 contact hours)

(IV) Category D: up to 20% of requirement (3 contact hours)

(V) Category E: up to 20% of requirement (3 contact hours)

(C) for Advanced Practice Registered Nurse who have been granted independent prescriptive authority by the Board, documentation approved by the Board verifying a minimum of forty (40) hours of Category I continuing medical education hours within the two-year period immediately preceding the effective date of application for renewal of independent prescriptive authority. This may include the continuing education described in 485:10-16-6(2)(B) if it meets the criteria for Category I continuing medical education.

(D) documentation approved by the Board verifying two (2) hours of education in pain management or two (2) hours of education in opioid use or addiction, unless the Advanced Practice Registered Nurse has demonstrated to the satisfaction of the Board that the Advanced Practice Registered Nurse does not currently hold a valid federal Drug Enforcement Administration registration number.

~~(D)~~(E) for Advanced Practice Registered Nurses who have not been granted independent prescriptive authority by the Board, Aa written statement signed by the physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral. Applicants for renewal who have submitted a written statement signed by the physician supervising prescriptive authority prior to renewal but within ninety (90) days of the expiration date are not required to submit another written statement for renewal.

485:10-16-7. Reinstatement/Inactive Status

(a) Reinstatement.

(1) If an Advanced Practice Registered Nurse fails to renew prescriptive authority prior to the expiration date of that authority, the Advanced Practice Registered Nurse's prescriptive authority shall expire and the Advanced Practice Registered Nurse shall cease prescribing.

(2) The Advanced Practice Registered Nurse may reinstate the prescriptive authority recognition by submitting:

(A) a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one (1) year, a new application and new fee will be required;

(B) for applicants who have not been granted independent prescriptive authority by the Board, Aa written statement signed by the Oklahoma-licensed physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral; and

(C) present evidence of:

(i) having met requirements for renewal of prescriptive authority as listed in 485:10-16-6(2)(B)(C); or

(ii) licensure or recognition as an APRN in the same role with prescriptive authority in another state with employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for reinstatement in the Board office.

(b) Inactive Status.

(1) An Advanced Practice Registered Nurse may submit a written request to place prescriptive authority on inactive status.

(2) The date of inactive status will be the date of approval by the Board. The Board may delegate approval of the licensee's request to be placed on inactive status to Board staff.

(3) The Advanced Practice Registered Nurse may return to active status the prescriptive authority recognition by submitting:

(A) a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one (1) year, a new application and new fee will be required;

(B) for applicants who have not been granted independent prescriptive authority by the Board, Aa written statement signed by the Oklahoma-licensed physician supervising prescriptive authority that includes a method of assuring availability of the

supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral; and

(C) present evidence of:

(i) having met requirements for renewal of prescriptive authority as listed in 485:10-16-6(2)(B); or

(ii) licensure or recognition as an APRN in the same role with prescriptive authority in another state with employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for return to active status in the Board office.

485:10-16-8. Information which must be included on the prescription

(a) Prescriptions will comply with all applicable state and federal laws.

(b) All prescriptions will include the following information:

(1) Name, title, address, and telephone number of the Advanced Practice Registered Nurse who is prescribing.

(2) For Advanced Practice Registered Nurses who have not been granted independent prescriptive authority by the Board, Name name of physician supervising prescriptive authority.

(3) For Advanced Practice Registered Nurses who have been granted independent prescriptive authority by the Board, the notation of "Independent Rx Authority".

(4) Name of the client.

(5) Date of the prescription.

(6) Full name of the drug, dosage, route and specific directions for administration.

(7) DEA number of Advanced Practice Registered Nurse, if required.

(c) Written prescriptions shall include the signature of the Advanced Practice Registered Nurse.

(d) Records of all prescriptions will be documented in client records.

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 and 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:
The rule is necessary to implement provisions of new law pursuant to HB 2298 (2025) while maintaining protection of the general public through nursing regulation to ensure requirements for prescriptive authority practice are met in a way that is demonstrable, measurable and in alignment with state statute to grant independent prescriptive authority practice. Oklahoma Board of Nursing; 59 O.S., § § 567.2 (A), 567.3a, 567.4a, 567.5a, 567.4(F).

- 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 rules 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 \$272,000 based on an estimate of 3,200 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 purpose of the proposed rule is to ensure compliance with new state law. There are no federal requirements related to the proposed rule.

- 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 licensure as an Advanced Practice Registered Nurse with Independent Prescriptive Authority. There are no additional costs other than those discussed in section b.

- e. Description of classes of persons who will benefit from the proposed rule:

Ensures protection of the general public through nursing regulation and minimizes barriers to licensing and certification 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 or changes to employee count of the agency. There are no fee changes associated with the rules as the fees are currently authorized in 485:10-1-3. There are no additional costs other than those discussed in section b.
- 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 \$272,000 is based on an estimate of 3,200 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 licensing of Advanced Practice Registered Nurses with Independent Prescriptive Authority are in alignment with State statutes which ultimately protects the public health and safety of those cared for by licensees and certificate holders.

- 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 rules will not be in alignment with State statutes which may ultimately jeopardize public health and safety of those cared for by licensees.

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

Prepared: September 10, 2025