

Oklahoma Board of Nursing
2501 N. Lincoln Boulevard, Suite 207
Oklahoma City, OK 73105
(405) 962-1800
<http://www.oklahoma.gov/nursing>

**REQUEST FOR CHANGE IN PHYSICIAN(S) SUPERVISING
ADVANCED PRACTICE PRESCRIPTIVE AUTHORITY
(for the CNP, CNM, and CNS)**

This *Request for Change* application is only needed for CNPs, CNSs and CNMs who hold current prescriptive authority recognition in Oklahoma and wish to make a change to his/her supervising physician(s).

EXCEPTION: APRN-CNPs, APRN-CNSs, and APRN-CNMs are not required to have a supervising physician if they are working ONLY at a Veterans Affairs (VA) facility, has submitted written verification that the VA has granted the APRN full practice authority, AND will NOT be prescribing Controlled Dangerous Substances.

CRNAs are not required to have a supervising physician on file with this Board.

1. Application:

Complete the *Request for Change in Physician(s) Supervising Advanced Practice Prescriptive Authority* for any changes (addition and/or deletion) of physician(s) supervising your advanced practice prescriptive authority. **This Request is found in the Other Applications link in your Nurse Portal account.**

- Per the Board's Rules, the change shall be filed with the Board within 30 days of the change and shall be effective upon filing [59 O.S. § 567.4a 1.].

2. Addition of Supervising Physician(s):

An Agreement for Physician Supervising Advanced Practice Prescriptive Authority (<http://www.oklahoma.gov/nursing/forms.html>) must be completed and signed by each new supervising physician in front of a Notary Public. The *Agreement(s)* must be uploaded during submission of this *Request for Change* application.

3. Deletion of Supervising Physician(s):

Clearly indicate the full name(s) of the supervising physician(s) to be deleted in the appropriate section of the *Request for Change* application and note the effective date of the end of the supervisory activity.

4. Fee:

There is a fee of \$10.00 for each *Request for Change in Physician(s) Supervising Advanced Practice Prescriptive Authority form* submitted. Payment must be made at the end of the application process via an Electronic fund transfer from a bank or credit union, or credit card payment with VISA or MasterCard.

Please note that the Advanced Practice Registered Nurse must hold a separate prescriptive authority recognition for each advanced practice license and for each advanced practice specialty certification.