

Oklahoma Board of Nursing
P.O. Box 52926
Oklahoma City, OK 73152
(405) 962-1800

Request for Review of Pharmacology Contact Hours

Fee for Review of Contact Hours = \$70.00

INFORMATION

In order for an Advanced Practice Registered Nurse to obtain and renew recognition of prescriptive authority, the nurse must meet educational requirements as identified in the *Oklahoma Nursing Practice Act and Rules*. Please see the *Oklahoma Nursing Practice Act and Rules* (Subchapter 16) for specific numbers and types of hours required, available on the Board's website: <http://www.oklahoma.gov/nursing>

Advanced Practice Registered Nurses and/or organizations wishing to request a review of pharmacology contact hours in advance of the workshop or application submission to determine whether the courses/contact hours meet the prescriptive authority requirements may submit the request, required materials, and \$70.00 fee. Board staff will review the material submitted and respond in writing.

Please submit the *Request for Review of Contact Hours* at least four weeks in advance of the presentation, if you wish to receive confirmation of approval of pharmacology contact hours. The fee for review of contact hours is \$70.00 in the form of a personal check, cashier's check or money order. Checks may be made payable to the Oklahoma Board of Nursing. All fees are non-refundable.

Do not submit information for presentations with no pharmacology content applicable to the Advanced Practice Registered Nurse's scope of practice or specialty area. Please note that ACLS, PALS, and CPR courses do not meet the requirements for prescriptive authority.

INSTRUCTIONS

1. Submit a completed *Request for Review of Contact Hours* with the \$70.00 fee.
2. Attach a photocopy of the continuing education program information or course syllabus to include the following information:
 - a. Title of presentation
 - b. Name, title, and credentials of the presenter
 - c. Length of presentation
 - d. Course objectives
 - e. Outline of content
 - f. Target audience

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Approved by: _____ Date Approved: _____ Days to Completion: _____

**Request of Review of Contact Hours to Determine
Eligibility to Meet Requirements for Prescriptive Authority**

Date: _____

Name of Individual/Organization Requesting Review:

Mailing Address:

Street Address

City

State

Zip

Telephone #

Please list all education you wish to have evaluated to determine eligibility to meet requirements for prescriptive authority. It is not acceptable to state "See Attached". Attach documentation that supports the education, as described in the instructions.

DATE OF PRESENTATION	TITLE OF PRESENTATION	LENGTH OF PRESENTATION IN MINUTES	NUMBER OF CONTACT HOURS REQUESTED FOR APPROVAL*	FOR OFFICE USE ONLY NUMBER OF CONTACT HOURS APPROVED BY: _____

***To calculate number of contact hours, divide the length of the presentation in minutes by 50.**