



## INSTRUCTIONS FOR APPLYING FOR A NURSE PRACTITIONER FURNISHING NUMBER

Section 2836.3 of the Business and Professions Code requires that the Nurse Practitioner who wishes to furnish drugs and/or devices pursuant to Section 2836.1 have a California Board of Registered Nursing issued furnishing number. The number is renewable at the time of the applicant's Registered Nursing (RN) license renewal. To be eligible for the furnishing number, the California Board of Registered Nursing certified Nurse Practitioner must have completed a California Board of Registered Nursing approved advanced pharmacology course. The advanced pharmacology course must be completed at any nationally accredited master's or post-master's level academic Nurse Practitioner program. Continuing Education course(s) are not acceptable to meet the Nurse Practitioner Furnishing Number advanced pharmacology course requirement.

### **APPLICATION PROCESS**

**For applicants who completed a California Board of Registered Nursing approved Nurse Practitioner (NP) Advanced Pharmacology Course, please provide the following:**

- Nurse Practitioner Furnishing Number Application form completed by the applicant.
- Advanced Pharmacology Course Verification form completed by the director of the Nurse Practitioner program.

**For applicants who completed a Nurse Practitioner (NP) Advanced Pharmacology course more than five (5) years preceding the date of submitting the application to the California Board of Registered Nursing, in addition to the items noted above, you must also provide the following:**

- A verification(s) of employment history which contains a minimum of five (5) years experience working as a Nurse Practitioner and prescribing/furnishing medication.
- A copy of your state license/certificate that allows you to prescribe/furnish medication as a Nurse Practitioner.
- A copy of your Drug Enforcement Agency (DEA) pocket identification card.
- A copy of that State's rules/regulations regarding prescriptive/furnishing authority for Nurse Practitioners.
- If applicable, a copy of the procedures/protocols/collaborative/practice agreement set in place by the supervising physician that allowed the Nurse Practitioner to use their prescriptive/furnishing authority in the state where they are licensed/certified.

Falsification of information on the application is a violation of the Nursing Practice Act and may result in not only denial of the issuance of the furnishing number, but also in Board disciplinary action against the applicant's registered nursing license.

## **HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES RECEIVE EXPEDITED REVIEW**

Notwithstanding any other law, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged (Business and Professions Code section 115.4.).

If you would like to be considered for this expedited review and process, please provide the following documentation with your application:

### **1. Report of Separation form.**

The report of separation form issued in most recent years is the **DD Form 214, Certificate of Release or Discharge from Active Duty**. Before January 1, 1950, several similar forms were used by the military services, including the WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD and the NAVCG 553.

Information shown on the Report of Separation may include the service member's date and place of entry into active duty, date and place of release from active duty, last duty assignment and rank, military job specialty, military education, total creditable service, separation information, etc.



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**NURSE PRACTITIONER FURNISHING NUMBER APPLICATION**

**\$400.00**

**MILITARY HONORABLE DISCHARGE** - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

**PERSONAL DATA (PRINT OR TYPE)**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>	
<b>ADDRESS: Number &amp; Street</b>				<b>DATE OF BIRTH: (Month/Day/Year)</b>	
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Zip Code</b>	<b>U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:**</b>	
<b>TELEPHONE NUMBER:</b> Home ( ) Alternate ( )	<b>PREVIOUS NAMES: (Including Maiden)</b>		<b>EMAIL ADDRESS:</b>		
<b>CA RN LICENSE NUMBER:</b>	<b>CA NP NUMBER:</b>		<b>NP SPECIALTY:</b>		

**NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE**

<b>NAME OF NURSE PRACTITIONER PROGRAM</b>	<b>COURSE TITLE:</b>	<b>COMPLETION DATE:</b>	<b># QTR/SEM UNITS:</b>
<b>NAME OF ACADEMIC COURSE:</b>			
<b>SCHOOL ADDRESS: Number &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\* U. S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT**

Disclosure of your U. S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA (c)(2)(C) authorizes collection of your U. S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your U.S. Social Security Number/ITIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



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**NURSE PRACTITIONER  
 ADVANCED PHARMACOLOGY COURSE VERIFICATION**

In order to furnish drugs and/or devices pursuant to Business and Professions Code, Section 2836.1, the Nurse Practitioner must complete a California Board of Registered Nursing approved advanced pharmacology course. The criteria for the advanced pharmacology course is listed on the two (2) page attachment.

**TO BE COMPLETED BY APPLICANT**

(PRINT OR TYPE)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number & Street				DATE OF BIRTH: (Month/Day/Year)	
City		State	Country	Zip Code	U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:
TELEPHONE NUMBER: Home ( ) Alternate ( )		PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	
CALIFORNIA RN LICENSE NUMBER:		CA NP NUMBER:		DATES COURSE WAS TAKEN:	

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY THE DIRECTOR OF THE NURSE PRACTITIONER  
 ACADEMIC PROGRAM**

The above applicant has applied for a Nurse Practitioner furnishing number in California. Please provide the following information and mail to the California Board of Registered Nursing at the above address. The criteria for the advanced pharmacology course is listed on the two (2) page attachment.

NAME OF NURSE PRACTITIONER PROGRAM:			TELEPHONE NUMBER:		
ADDRESS: Number & Street		City	State	Zip Code	
ADVANCED PHARMACOLOGY COURSE/CONTENT:					
Entrance and completion dates for course: Entrance: _____ Completion: _____ <small>(Month/Day/Year) (Month/Day/Year)</small>					
Was a separate course? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify the course title: _____ If NO, was integrated in the program curriculum? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Equivalent to: 3 semester units: <input type="checkbox"/> YES <input type="checkbox"/> NO		5 quarter units: <input type="checkbox"/> YES <input type="checkbox"/> NO		45 hours: <input type="checkbox"/> YES <input type="checkbox"/> NO	
The drugs or devices are furnished or ordered by a Nurse Practitioner in accordance with standardized procedures or protocols developed when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained. <input type="checkbox"/> YES <input type="checkbox"/> NO					
The Advanced Pharmacology course includes the key points and course objectives listed on the two (2) page attachment. <input type="checkbox"/> YES <input type="checkbox"/> NO					

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and Correct.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(DATE)



## **NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE FOR FURNISHING**

These revised guidelines are established for Nurse Practitioner programs who offer advanced pharmacology courses in order to meet Furnishing requirements.

### **MINIMUM COURSE OFFERINGS**

- A post-RN licensure advanced pharmacology course based on the RN's previous knowledge of pharmacology and pharmacotherapeutics.
- A three (3) semester units or five (5) quarter units academic course.

### **KEY POINTS:**

The advanced pharmacology course must include:

- The mechanism for ongoing communication between the student and course instructor.
- The requirements for approved standardized procedures to be in place prior to beginning practice.
- The requirement to furnish drugs/devices pursuant to a standardized procedure.
- The furnishing responsibility for Schedule II, III, IV, V controlled substances that are to be furnished with a patient-specific protocol in compliance with Health and Safety Code section 11000 for NPs.
- The furnishing responsibility for Schedule II, III, IV and V controlled substances that are to be furnished with a patient specific protocol in compliance with Health and Safety Code 11056 for CNMs.
- The Pharmacy Rules and Regulations for NPs and CNMs, Health & Safety Codes and OBRA 1990 Section 483-40, Federal Register.

### **COURSE OBJECTIVES:**

1. Uses the data base obtained from the health assessment of the client to identify an appropriate therapeutic regimen, including drugs and/or devices
2. Uses knowledge of pharmacokinetics when developing a therapeutic regimen that maximizes the therapeutic effectiveness while minimizing adverse reactions.
3. Uses knowledge of pharmacodynamics to observe the effects of drugs and/or devices on a client; to predict the client's response; and to understand the effects of the drugs and/or devices.
4. Evaluates the response and compliance of the client to the drugs and/or devices and implement appropriate action.
5. Provides appropriate client education regarding the furnished drugs and/or devices.
6. Furnishes drugs and/or devices pursuant to standardized procedures and in conformance with applicable laws, codes and/or regulations. Includes knowledge of Pharmacy rules and regulations, Health & Safety Code and Federal Register.
7. Examines appropriate guidelines for the pharmacological management of selected health care syndromes/diseases commonly encountered with awareness of client's nutrition, culture, ethnicity and socioeconomic status.
8. Uses knowledge and awareness of the role of herbal and natural remedies while treating disease states.

Advanced Pharmacology Enabling Objectives have been developed through public input and are available upon request.

## **FACULTY QUALIFICATIONS**

All stated qualifications must be met by the faculty, include Directors and instructors.

- Current, valid and clear license to practice in the appropriate discipline.
- Demonstrates expertise in the theoretical and clinical aspects of pharmacology/pharmacotherapeutics.
- Possesses at least two years of experience in the teaching of advanced pharmacology.
- Includes a faculty member who has completed a doctoral level pharmacology/pharmacotherapeutics degree.
- Demonstrates evidence of advanced clinical practice within the past five years applying the principles of advanced pharmacology.

## **ADVANCED PHARMACOLOGY ENABLING OBJECTIVES**

- Defines and verbalizes an understanding of the terminology of advanced pharmacology. (Vocabulary list to be included)
- Identifies sources of drugs and provides examples of drugs from each drug source.
- Describes the “targets” of drugs.
- Describes the pharmacokinetic process of absorption, distribution, metabolism, and excretion.
- Identifies factors that alter the processes of absorption, distribution, metabolism, and excretion.
- Analyzes how the body’s acid base environment affects the pharmacokinetic process of absorption, distribution, metabolism, and excretion of drugs.
- Describes variables that determine the correct dosages of drugs.
- Defines half-life and explains the importance of a drug’s half-life in a therapeutic drug regimen.
- Describes factors that influence a drug’s half-life.
- Analyzes the relationship between drugs and their physiological and pathophysiological responses.
- Understands the pharmacokinetic and pharmacodynamic effects of broad categories of drugs, i.e., antibiotics, antiarrhythmics, antihypertensives contraceptives, etc. used in specific treatment regimens.
- Uses data obtained during a client’s H&P to identify appropriate drug choice/s and herbs, vitamins, minerals, and trace elements regimen/s, and recognizes the role of herbal and natural remedies in the treatment of health and disease states.
- Based upon the principles of pharmacokinetics and pharmacodynamics, identifies the indications, rationale, and mechanism of action for drugs and contrasts drugs used to treat specific conditions.
- Understands the potential interactions between drugs and herbs, vitamins, minerals, and trace elements.
- Performs appropriate monitoring before, during, and after specific drug regimens.
- Monitors efficacy of drug/s evaluates the response and compliance of the client to the drugs/devices and provides interventions for side effects, and manages adverse events that may occur.
- Identifies drugs with narrow therapeutic range.
- Identifies appropriate methods to write and transmit prescriptions.
- Furnishes drugs pursuant to legal requirements, standardized procedures, ethical standards, and in compliance with health and safety codes.
- Identifies resources for drug information and uses the resources to maintain clinical competency for furnishing.
- Describes the essential components of client education re: medications including: name of medication/s frequency/time of doses, correct dosage/s to take, how to take the medication/s i.e., with or without food, what to do if a dose of a medication is missed, side effects to expect, and adverse event/s to report to the prescriber.
- Identifies factors that influence medication compliance.
- Provides comprehensive and appropriate client and family education re: drugs of choice and alternatives and involves the client and family in the decision making process re: drug treatments.
- Chooses most appropriate drug for a disease base upon client’s symptomatology, health status, and lifestyle.



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## INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:		<b>BOARD OF REGISTERED NURSING</b>	
Title of official responsible for information maintenance:		<b>EXECUTIVE OFFICER</b>	
Address:	Telephone Number:		
<b>P.O. BOX 944210, SACRAMENTO, CA 94244-2100</b>	<b>(916) 322-3350</b>		
Authority which authorizes the maintenance of the information: <b>SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE</b>			
<b>ALL INFORMATION IS MANDATORY.</b>			
The consequences, if any of not providing all or any part of the requested information: <b>FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.</b>			
The principal purpose(s) for which the information is to be used: <b>TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U. S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.</b>			
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: <b>POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U. S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.</b>			
<b>EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.</b>			

## **MANDATORY REPORTER**

**Under California law each person licensed by the Board of Registered Nursing is a “Mandated Reporter” for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.**

**California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.**

**Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.**

**For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.**