

**APPLICATION FOR LICENSURE AS AN ADVANCED PRACTICE REGISTERED NURSE (PART 2)**

The director of the program or designated official (only if program is permanently closed) must complete this section after the completion date and indicate information regarding the applicant's advanced practice nursing education program of study. *Please do not use a signature stamp. **Do not use white-out for corrections.*** All blanks must be completed or marked NA/Not Applicable unless otherwise noted. Send the signed form directly to the Texas Board of Nursing, 333 Guadalupe, Suite 3-460, Austin, Texas 78701, Attn: APN Office. Note: The "completion date" is the date when the program/program director deems the student to have finished and met all the requirements of the program and exited the program. It may not necessarily be the same as the formal date of graduation.

**VERIFICATION OF COMPLETION OF A PROGRAM IN AN ADVANCED PRACTICE REGISTERED NURSE ROLE**

1. Full Name of Graduate (first/last): \_\_\_\_\_
2. Advanced Role & Population Focus Area in which Applicant was Educated (e.g., Family Nurse Practitioner) \_\_\_\_\_
3. Name of University/Institution \_\_\_\_\_ Location of Program (city, state) \_\_\_\_\_
4. Type of Program (check one):  Certificate Program  Master's Degree  Post-Master's Certificate  Practice Doctorate
5. Program Completion Date \_\_\_\_\_
6. Length of Didactic (credit or clock hours) \_\_\_\_\_ Number of Clinical Hours (**in clock hours only**) \_\_\_\_\_  
(Include only clinical hours completed for academic credit from the university/institution identified in question 3. Do **not** include clinical hours for which transfer credit or credit by exam was awarded)
7. **At the time the applicant completed the program**, the program was accredited by (check one):  
 Accreditation Commission for Midwifery Education  NLN/National League for Nursing Accrediting Commission  
 Council on Accred. of Nurse Anesthesia Educational Programs  National Assoc. of Nurse Practitioners in Women's Health  
 Commission on Collegiate Nursing Education  Texas Board of Nursing  
Other (please specify) : \_\_\_\_\_
8. For all Nurse Practitioner and Clinical Nurse Specialist programs, please indicate the course number(s) in which the above named individual completed the following content:  
Advanced Assessment (didactic and clinical) \_\_\_\_\_ Pharmacotherapeutics \_\_\_\_\_  
Pathophysiology and/or psychopathology \_\_\_\_\_ Role Preparation \_\_\_\_\_

**AFFIDAVIT**

I, (print director's name), hereby certify that the above statement of information is true and correct and that the applicant named above has met all requirements for completion of the advanced educational program for which I am the program director or authorized designated official.

**AFFIX SCHOOL SEAL BELOW**

Director's original signature \_\_\_\_\_

Please do not use a signature stamp

Title/Position \_\_\_\_\_

Date Signed \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

APPLICATION FOR LICENSURE AS AN ADVANCED PRACTICE REGISTERED NURSE (Part II)

CONSENT TO RELEASE INFORMATION

Applicant must complete the following information and forward Part 2 of the APRN Application to the program director or designated official (only if the program is permanently closed) authorized to certify that the individual has completed an advanced practice nursing education program of study congruent with the role and population focus area for which the applicant seeks licensure in Texas.

I, (print name) \_\_\_\_\_, have applied to the Texas Board of Nursing for licensure as an Advanced Practice Registered Nurse using the title \_\_\_\_\_. After I have completed all requirements of the program of study, please complete the information on the affidavit of completion form and forward the signed form directly to the Texas Board of Nursing, 333 Guadalupe, Suite 3-460 Austin, TX 78701, ATTN: APRN Application Office. I grant permission for Texas Board of Nursing staff to discuss my education with representatives of the advanced practice nursing education program.

Student ID/SSN \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

INFORMATION FOR THE PROGRAM DIRECTOR

The following requirements apply to ALL applicants seeking licensure as advanced practice registered nurses who complete either nurse practitioner (NP) or clinical nurse specialist (CNS) programs on or after January 1, 1998. Graduates from **any** jurisdiction must present evidence of successful completion of these requirements. The curricular requirements in their entirety may be found in 22 Tex. Admin. Code § 221.3.

SELECTED OPERATIONAL DEFINITIONS

1. **Advanced Assessment Course:** A course that offers content supported by related clinical experience such that students gain the knowledge and skills needed to perform comprehensive assessments to acquire data, make diagnoses of health status, and formulate effective clinical management plans.
2. **Pharmacotherapeutics:** A course that offers content in pharmacokinetics and pharmacodynamics, pharmacology of current/commonly used medications, and the application of drug therapy to the treatment of disease and/or the promotion of health.
3. **Pathophysiology:** A course that offers content that provides a comprehensive, system-focused pathology course that provides students with the knowledge and skills to analyze the relationship between normal physiology and pathological phenomena produced by altered states across the life span.
4. **Role Preparation:** Formal didactic and clinical experiences/content that prepare nurses to function in an advanced nursing role.
5. **Clinical Learning Experiences:** An opportunity for students to apply knowledge by managing patient/client care in a healthcare setting. Clinical learning experiences are planned and monitored by either a designated faculty member or qualified preceptor.
6. **Practicum/Preceptorship/Internship:** A designated portion of a formal educational program that is offered in a healthcare setting and affords students the opportunity to integrate theory and role in both the clinical specialty/practice area and advanced nursing practice through direct patient care/client management. Practicums, preceptorships, and internships are planned and monitored by either a designated faculty member or qualified preceptor.

SELECTED CURRICULAR REQUIREMENTS

A program designed to prepare NPs and CNSs for advanced practice roles shall include the following:

1. **Separate courses** in Pharmacotherapeutics, Advanced Assessment and Pathophysiology and/or Psychopathology (integrated content, including content integrated in medical management courses, is NOT accepted in lieu of the separate courses);
2. Evidence of theoretical and clinical role preparation;
3. Evidence of clinical major courses in the population focus area;
4. Evidence of a practicum/preceptorship/internship to integrate clinical experiences as reflected in essential content and the clinical major courses; and
5. Faculty prepared in appropriate roles and population focus areas.

**NOTE:** All NP and CNS applicants who complete their programs on or after January 1, 2003 shall demonstrate completion of a minimum of 500 unduplicated clinical clock hours in each advanced role and population for which they have applied within their advanced educational programs.