

APRN Licensure and Practice in Ohio

The purpose of this document is to provide licensees and the public an overview of license and practice requirements for APRNs established in the Nurse Practice Act (NPA), Ohio Revised Code Chapter 4723, and the administrative rules adopted by the Ohio Board of Nursing and is not intended to be all-inclusive. APRNs are responsible for knowing and complying with the NPA and rules, and any other applicable state and federal law.

The NPA and administrative rules are accessible on the Board website: <https://nursing.ohio.gov/>.

This document is comprised of two parts. The first part is a summary of APRN information. The second part is Frequently Asked Questions.

Designations of APRNs in Ohio

APRNs in Ohio may be designated as a: Certified Registered Nurse Anesthetist (CRNA); Certified Nurse-Midwife (CNM); Clinical Nurse Specialist (CNS); or Certified Nurse Practitioner (CNP). A separate APRN license is required for each designation. A RN may hold one or more APRN license designations.

Definitions

“Nursing specialty” is defined by Section 4723.01(V), ORC, and Rule 4723-8-01(G), OAC, to mean a specialty in practice as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner. (Emphasis added.)

“Practice of nursing as an advanced practice registered nurse” is defined by Section 4723.01(P), ORC, and Rule 4723-8-01(F) to mean providing to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education, training and clinical experience. Such nursing care includes the care described in Sections 4723.43, 4723.433, 4723.434, and 4723.435 of the Revised Code.

APRN Licensure

The NPA establishes minimum requirements for APRN initial and continued licensure. The following summarizes the requirements for initial APRN licensure:

- An active Ohio RN license.
- of January 1, 2001, an earned masters or doctoral degree with a major in a nursing specialty (nursing specialty equates to the applicable resulting national certification)

achieved) or in a related field that qualifies the nurse to sit for the certification examination of a national certifying organization approved by the Board.

- As of January 1, 2001, a minimum of one current national certification in a nursing specialty/population focus by a national certifying organization approved by the Board that qualifies the nurse for the APRN designation and license.
- For CNMs, CNSs and CNPs, proof of completion of a course that is not less than 45 contact hours in advanced pharmacology with content that meets Section 4723.482(B), ORC. The course must be completed no longer than five years prior to submitting the application for APRN licensure. Not all advanced pharmacology courses contain the content required by Section 4723.482(B), ORC, which may be completed through qualifying continuing education to meet the requirements for licensure.
- For CNMs, CNSs and CNPs applicants from another jurisdiction, proof of prescriptive authority in another jurisdiction and completion of a two-hour course in Ohio prescribing law.
- Submission of a complete APRN license application with accompanying fees.

The following summarizes requirements for APRN license renewal:

- Documentation that qualifying national certification has been maintained, with exception of grandfathered CNSs.
- Ohio RN license is active.
- CE requirements have been or will be met by the renewal deadline. A complete APRN renewal application with fee payment has been submitted, which includes, for CNMs, CNSs, and CNPs, the names/business addresses of collaborating physician or podiatrist(s), by the renewal deadline.

APRN Education Programs are not Regulated by the Board

- The Board does not regulate nursing education programs that prepare RNs for APRN licensure in Ohio, nor does the Board maintain a list of APRN education programs.
- The APRN program completed must qualify the applicant to sit for the certification examination of a national certifying organization approved by the Board.
- Questions or concerns regarding an APRN education program should be addressed to the accrediting agency or the Ohio Department of Higher Education.

Approved National Certifying Organizations

- Each year in accordance with Section 4723.46, ORC, and Rule 4723-8-06, OAC, the Board approves National Certifying Organizations.
- One of the criteria for Board approval is that the organization has testing requirements that measure the theoretical and clinical content of a nursing specialty that are developed in accordance with accepted standards of validity and

reliability, and that the testing is open to RNs who have successfully completed the APRN program required by the specific national certifying organization.

- The Board's list of approved National Certifying Organizations is published and available on the Board of Nursing website: <https://nursing.ohio.gov/> under the "Practice & Prescribing Resources" section.

Certifying Examinations and National Certifications Issued by the Board Approved National Certifying Organization

- National Certifying Organizations administer and maintain the national certifying examinations required for APRN licensure and licensure maintenance.
- The National Certifying Organization establishes criteria that must be met for an APRN to re-certify and maintain their national certification. APRNs must contact the National Certifying Organization for its initial certification and re-certification requirements.
- The resulting national certification(s) reflects the APRN's nursing specialty in practice as a CRNA, CNS, CNM or CNP.
- It is the APRN or APRN applicant's responsibility to contact the National Certifying Organization and request their national certification documentation and recertification documentation be sent directly to the Board.

NPA and Rules Define APRN Scope of Practice:

- Sections 4723.43, and 4723.433, 4723.434, and 4723.435, ORC, define the scope of practice of each APRN designation (CNM, CNS, CNP and CRNA) including practice limitations and prescriptive authority.
- Additional sections of the NPA and Administrative Rules (ORC Sections: 4723.431, 4723.481; 4723.4810; 4723.483; 4723.488; 4723.50; and Chapter 4723-9, OAC) specify requirements and parameters of prescriptive authority, including limitations on issuing prescriptions for schedule II controlled substances, and use of opioids to treat acute and subacute and chronic pain.
- Rule 4723-8-02, OAC, Standards of practice, says that an APRN shall provide to patients nursing care that requires knowledge and skill obtained from advanced formal education, which includes a clinical practicum, and clinical experience as specified in Sections 4723.41, 4723.43 and 4723.482, ORC and this chapter. Each APRN shall practice in accordance with (1) the APRN's education and clinical experience; (2) national certification as provided in section 4723.41 of the Revised Code; and (3) Chapter 4723, ORC and rules adopted under that chapter.
- Rule 4723-8-01(F), OAC, defines "Practice of nursing as an advanced practice registered nurse" as "providing to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education, training and clinical experience. Such nursing care includes the care described in section 4723.43 of the Revised Code."

CRNA Scope of Practice, Sections 4723.43(B), 4723.433, 4723.434, 4723.435, ORC

- CRNAs have a supervised practice and do not practice under a standard care arrangement.
- With the supervision and in the immediate presence of a physician, podiatrist, or dentist, a CRNA may administer anesthesia and perform anesthesia induction, maintenance, and emergence and may perform with supervision pre-anesthetic preparation and evaluation, post-anesthesia care, and clinical support functions, consistent with the nurse's education and certification, and in accordance with rules adopted by the Board.
- There are specific limitations regarding anesthesia care by a CRNA when supervised by a dentist or podiatrist.
- During the time period that begins on a patient's admission for a surgery or procedure to a health care facility where the certified registered nurse anesthetist practices and ends with the patient's discharge from recovery, a CRNA under the conditions established in Section 4723.434, ORC, may provide orders to registered nurses, licensed practical nurses and respiratory therapists to administer medications and treatments to the patient. A written policy adopted by a health care facility as described in section 4723.434, ORC, shall establish standards and procedures to be followed by certified registered nurse anesthetists when directing registered nurses, licensed practical nurses, and respiratory therapists to provide supportive care, including monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids; and, to administer treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia.
- When performing clinical support functions as authorized by section 4723.43, ORC, a certified registered nurse anesthetist may direct a registered nurse, licensed practical nurse, or respiratory therapist to provide supportive care, including monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids, if the nurse or therapist is authorized by law to provide such care. In addition, the certified registered nurse anesthetist may direct the nurse or therapist to administer treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia if the nurse or therapist is authorized by law to administer treatments, drugs, and intravenous fluids and a physician, podiatrist, or dentist ordered the treatments, drugs, and intravenous fluids.
- CRNAs are not authorized to prescribe a drug for use outside of the health care facility where the nurse practices.

National Certifying Organization and Certifying Examination for CRNAs

- National Board of Certification and Recertification of Nurse Anesthetists

CNM Scope of Practice, Section 4723.43(A), ORC

- CNM practice requires a written standard care arrangement (SCA) with a qualified collaborating physician. Section 4723.431, ORC.

- A CNM may provide the management of preventive services and those primary care services necessary to provide health care to women antepartally, intrapartally, postpartally, and gynecologically, consistent with the nurse's education and certification and in accordance with rules adopted by the Board. CNMs provide for immediate newborn care.
- CNMs are prohibited from performing version, delivering breech or face presentations, using forceps or doing any obstetric operation, or treating any abnormal condition except in emergencies.
- A CNM may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices.

National Certifying Organization and Certifying Examination for CNMs

- American Midwifery Certification Board

CNS Scope of Practice, Section 4723.43(D), ORC

- CNS practice requires a written SCA with a qualified collaborating physician or podiatrist. Section 4723.431.
- A CNS may provide and manage the care of individuals and groups with complex health problems and provide health care services that promote, improve, and manage health care within the nurse's nursing specialty, consistent with the nurse's education and in accordance with rules adopted by the Board.
- A CNS in collaboration with one or more physicians may prescribe drugs and therapeutic devices. When collaborating with a podiatrist, the CNS's scope of practice is limited to the procedures that the podiatrist has authority to perform under Section 4731.51, ORC.

National Certifying Organizations for CNSs

- American Association of Critical-Care Nurses Certification Corporation (AACN)
- American Nurses Credentialing Center (ANCC)

Currently Available National Certification Examinations for CNSs (Each CNS certification validates condition ranges from wellness through acute care)

- Adult-Gerontology (AACN; ANCC)
- Pediatrics (AACN)
- Neonatal (AACN)
- PMHNS (ANCC)

CNP Scope of Practice, Section 4723.43(C), ORC

- CNP practice requires a written SCA with a qualified collaborating physician or podiatrist. Section 4723.431, ORC.
- CNPs may provide preventive and primary care services, provide services for acute illnesses, and evaluate and promote patient wellness, consistent with the

CNP's advanced formal education, training, and clinical experience, in their population focus, national certification, and in accordance with rules adopted by the Board.

- A CNP may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices. When collaborating with a podiatrist, the CNP's scope of practice is limited to the procedures that the podiatrist has authority to perform under Section 4731.51, ORC.

National Certifying Organizations for CNPs

- American Association of Nurse Practitioners Certification Board
- American Association of Critical-Care Nurses Certification Corporation
- American Nurses Credentialing Center
- National Certification Corporation
- Pediatric Nursing Certification Board

Currently Available National Certification Examinations for CNPs

- Family Across the Lifespan (ANCC; AANPCB)
- Adult-Gerontology Acute Care (ANCC; AACN) *
- Adult-Gerontology Primary Care (ANCC; AANPCB) *
- Pediatric Acute Care (PNCB)*
- Pediatric Primary Care (PNCB) (ANCC will soon retire its exam) *
- Neonatal (NCC)
- Women's Health Care (NCC)
- Psychiatric/Mental Health Across the Lifespan (ANCC)

*These are distinct, separate examinations for the population specific to the particular national certification. If a program prepares an individual to practice both acute and primary care in pediatrics or in adult-gerontology, both the primary and acute care national certifications must be obtained and maintained for authorized practice in acute care and primary care. (Section 4723.43(C), ORC)

Prescriptive Authority for CNMs, CNSs and CNPs

APRNs designated as CNMs, CNSs and CNPs are authorized to prescribe. Section 4723.481, ORC. The general guidance below regarding prescriptive authority is not inclusive of all requirements.

- Prescribing must be in accordance with the Exclusionary Formulary set forth in Rule 4723-9-10(B), OAC.
- When issuing a prescription, APRNs must comply with the state and federal prescribing law and rules, including those adopted by the State of Ohio Board of Pharmacy, DEA, and Ohio State Medical Board (see Rules 4723-9-10, 4723-8-02(D), OAC).

- APRNs must register with OARRS and obtain and review OARRS reports as required by Rule 4723-9-12, OAC.
- Prescribing must be consistent with the APRN's scope of practice, national certification, SCA, standards of practice, and the prescriptive authority of the collaborating physician. Section 4723.481, ORC, Rule 4723-9-10, OAC.
- A collaborating physician may not collaborate with more than five APRNs at the same time in the prescribing component of their practices. Section 4723.431, ORC.
- APRNs may prescribe a schedule II controlled substance only if: the patient has a terminal condition as defined in Section 2133.01, ORC, a physician has previously prescribed the schedule II medication, and the supply does not exceed 72 hours. Section 4723.481(C)(1), ORC. Exceptions to this apply only if the APRN issues the prescription from one of the locations listed in Section 4723.481(C)(2), ORC.
- APRNs are limited in their prescribing of opioid analgesics to treat acute pain, sub-acute pain and chronic pain. Rule 4723-9-10, OAC.
- Rules 4723-9-13 and 4723-9-14, OAC, establish requirements for APRNs who provide medication assisted treatment and withdrawal management, including additional requirements regarding the qualifications of the physician with whom the APRN may enter into a SCA.
- APRNs may provide or furnish drugs to up to two sexual partners of a patient diagnosed with chlamydia, gonorrhea, or trichomoniasis. Section 4723.4810, ORC.
- APRNs are prohibited from prescribing any drug or device to perform or induce an abortion, or to otherwise perform or induce an abortion. Section 4723.151(C), ORC. See Section 2919.11, ORC. "Abortion defined. As used in the Revised Code, "abortion" means the purposeful termination of a human pregnancy by any person, including the pregnant woman herself, with an intention other than to produce a live birth or to remove a dead fetus or embryo. Abortion is the practice of medicine or surgery for the purposes of section 4731.41 of the Revised Code."

Standard Care Arrangements

CNSs and CNPs are required to enter into a SCA with a collaborating physician or podiatrist and a CNM must enter into a SCA with a collaborating physician.

- Collaborating physicians must be authorized to practice in Ohio and, with the exception of CNPs and CNSs with national certification in Psychiatric-Mental Health by ANCC, must be practicing in a specialty that is the same as or similar to the nurse's nursing specialty. The collaborating physician for CNPs and CNSs certified in Psychiatric-Mental Health must be practicing in psychiatry, pediatrics, or primary care or family practice. Section 4723.431, ORC. If an APRN provides medication-assisted treatment or withdrawal management, pursuant to Rules 4723-9-13 and 4723-9-14, OAC, the treatment or management must be within the collaborating physician's normal course of practice.

- SCAs must meet all criteria specified in Section 4723.431, ORC and Rule 4723-8-04, OAC.
- When the SCA is modified reapproval of the SCA by the parties is required.
- In the event a physician or podiatrist terminates their collaborative relationship with an APRN before the SCA expires, or the collaboration is terminated due to the death of the physician or podiatrist, the APRN is responsible to report the termination or death to the Board. The APRN may then practice for up to 120 days under the terms of the SCA without a collaborating physician or podiatrist.

Practice Parameters

- The APRN scope of practice is specified in Section 4723.43, ORC.
 - The statutory definition of CNM practice is to provide the management of preventive services and those primary care services necessary to provide health care to women antepartally, intrapartally, postpartally, and gynecologically, consistent with the nurse's education and certification, which includes immediate newborn care, and in accordance with rules adopted by the Board.
 - Although a CNM's education and national certification may address a CNM providing newborn care for up to 28 days, and performing circumcision, this practice is not authorized by Section 4723.43(A), ORC. National certification cannot expand the CNM's scope from that specified in Ohio law.
 - A CNS provides and manages the care of individuals and groups with complex health problems and provides health care services that promote, improve, and manage health care within the nurse's nursing specialty, consistent with the nurse's education.
 - A CNS whose graduate program prepared the CNS as a pediatric CNS may manage, for example, pediatric patients with cystic fibrosis in both their optimum state of health and in conditions of high acuity.
 - The CNP scope of practice states the CNP may provide preventive and primary care services, provide services for acute illnesses, and evaluate and promote patient wellness within the nurse's specialty, consistent with the nurse's education and certification.
 - A CNP whose education and national certification is in Women's Health Care is authorized to provide preventive and primary care services, provide services for acute illnesses, and evaluate and promote patient wellness "consistent with" the specialty practice that is outlined in the Women's Health Care national certification.
 - A CNP whose national certification is Pediatric Acute Care would practice "consistent with" the population focus or nursing specialty practice that is outlined in that specific certification. It would be the same for CNPs with national certification in Adult-Gerontology

Primary Care, and with the other national certifications listed above for CNPs.

- A CNM, CNS and CNP may delegate the authority to administer medication to an unlicensed individual pursuant to Section 4723.489, ORC. The drug to be administered cannot be for IV administration nor can it be a controlled substance. The delegation cannot occur in a hospital inpatient care unit as defined in Section 3727.50, ORC, a hospital emergency department or a freestanding emergency department, or an ambulatory surgical facility as defined in Section 3702.30, ORC.
- Each CNM, CNS, and CNP is required to utilize and incorporate into their practice, knowledge of the Medical Practice Act (Chapter 4731, ORC) and the rules adopted thereunder by the Ohio State Medical Board that govern the practice of the APRN's collaborating physician or podiatrist.
- A CRNA is required to utilize and incorporate into their practice knowledge of the Dental Practice Act (Chapter 4715, ORC) and the Medical Practice Act (Chapter 4731, ORC) and administrative rules that govern the CRNA's supervising physician's, podiatrist's or dentist's practice.
- APRNs must comply with the standards related to competent practice as a CNM, CNP, CRNA, or CNS. Rule 4723-4-05, OAC.

FAQs. Below are FAQs related to the NPA and administrative rules for APRNs.

SCA FAQs

Q: I plan to practice as a CNS but do not intend to prescribe drugs. Am I required to enter into a SCA if I do not prescribe drugs?

A: Yes, a SCA is required for a CNM, CNS or a CNP to practice.

Q: Do collaborating physicians and CNSs and/or CNPs have to have "identical" practices?

A: No. The collaborating physician or podiatrist "must be practicing in a specialty that is the same as or similar to the nurse's nursing specialty." The physician's practice must minimally be "similar." A CNP or CNS who is certified in psych/mental health is also authorized to collaborate with a physician practicing psychiatry, pediatrics, primary care or family practice. Section 4723.431(A)(2), ORC. If an APRN is engaged in medication assisted treatment, additional requirements apply, as discussed below.

Q: Is there a limit on the number of physicians with whom an APRN may enter into a SCA? Is there a limit on the number of APRNs with whom a physician may enter into a SCA?

A: There is a limit on the number of APRNs with whom a collaborating physician or podiatrist may collaborate at the same time in the prescribing component of the APRNs' practices. A "physician or podiatrist shall not collaborate at the same time with more than

five nurses in the prescribing component of their practices.” Section 4723.431(A), ORC. There is no limit on the number of physicians or podiatrists with whom an APRN may collaborate and enter into a SCA. There is also no limit on the number of APRNs with whom a physician or podiatrist may enter into a SCA. Section 4723.431(A), ORC.

Q: Am I required to periodically check the licensure of my collaborating physician or podiatrist?

A: Previously, Rule 4723-8-4, OAC, required such verification but that is no longer required by rule. However, best practice would be to periodically verify the collaborating physician's licensure and to be aware of any restrictions as this can impact the APRN's own practice. For example, under 4723.481(B), APRN prescriptive authority cannot exceed that of the collaborating physician. If for example, the physician is restricted from prescribing controlled substances, the APRN's prescriptive authority is similarly restricted.

Prescribing FAQs

Q: How can I determine if I am authorized to prescribe a certain drug? Is there a formulary?

A: The Exclusionary Formulary is established in Rule 4723-9-10(B), OAC. It states:
Exclusionary Formulary. A certified nurse practitioner, clinical nurse specialist or certified nurse midwife shall not prescribe or furnish any drug or device in violation of federal or Ohio law, or rules adopted by the board, including this rule. The prescriptive authority of a certified nurse practitioner, clinical nurse specialist and certified nurse midwife shall not exceed the prescriptive authority of the collaborating physician or podiatrist.

Section 4723.481, ORC and Chapter 4723-9, OAC, authorize CNMs, CNSs, and CNPs to prescribe drugs or therapeutic devices consistent with the APRN's scope of practice; the Exclusionary Formulary; the statement of services and prescribing parameters established in the executed SCA; and the collaborating physician's practice, including the physician's prescribing limitations. In addition, an APRN who intends to prescribe controlled substances must first obtain a DEA registration. Rule 4723-9-10(D)(9), OAC. Prescribing resources including alerts and prescribing guidelines are available on the Board website under the Prescribing Resources section.

Q: I am completing DATA waiver training and have questions about medication assisted treatment (MAT) practice. Is it true that to prescribe pursuant to a DATA waiver, a CNM, CNS, or CNP, must enter into a SCA with at least one collaborating physician who also has a DATA waiver? Is it sufficient to enter into a SCA with a collaborating physician who has a DATA-waiver but who does not practice MAT?

A: To prescribe pursuant to a DATA waiver, the APRN must have entered into a SCA with at least one physician who also has a DATA waiver because under Section 4723.481(B), ORC, an APRN's prescriptive authority cannot exceed that of the collaborating physician. In addition, MAT must be "within the collaborating physician's normal course of practice and expertise." Rule 4723-9-13(B), OAC.

Q: Where do APRNs locate information on how to obtain specific drugs needed for their office/clinics, some of which are controlled substances?

A: The purchase, storage, maintenance, and dispensing of drugs is primarily governed by law and rule enforced by the State of Ohio Board of Pharmacy and the DEA. See <https://www.pharmacy.ohio.gov>. Law and rules enforced by the Board governing APRN prescribing and personally furnishing of drugs include Section 4723.481, ORC, and Chapter 4723-9, OAC, including Rule 4723-9-08, OAC, "Safety standards for personally furnishing drugs and therapeutic devices."

Q: I practice as a CNP within a group medical practice and am being asked to provide cross- coverage with the potential for prescribing to the patients of other providers in the practice. Is this permitted?

A: It depends on the specific circumstances. A CNM, CNS and CNP's authority to practice is based on the APRN's licensure and the statement of services described in the SCA entered into by the APRN and the APRN's collaborating physician. This includes a description of the APRN's prescriptive practices. See Section 4723.431(B), ORC, and Rule 4723-8-04(D)(5), OAC. Section 4723.481, ORC, and Rule 4723-9-10, OAC, establish the prescribing standards for APRNs, including that they prescribe in a valid prescriber-patient relationship. Establishing a valid prescriber-patient relationship may include, but is not limited to:

- Obtaining a relevant history of the patient;
- Conducting a physical or mental examination of the patient;
- Rendering a diagnosis; prescribing medication;
- Consulting with the collaborating physician when necessary; and
- Documenting these steps in the patient's medical record.

While the rule generally guides how a valid prescriber-patient relationship may be determined, it is not necessary that every subpart be present to establish a valid relationship. Pertinent considerations may include whether:

- The APRN is part of or is collaborating with a member of the patient's provider group;
- Cross coverage prescribing is addressed in the SCA;
- The APRN has access to the patient's medical records during the encounter;
- The APRN documents care provided to the patient in the patient's medical record.

Rule 4723-9-10 can be accessed at <http://codes.ohio.gov/oac/4723-9-10>. In addition, Section 4723.481(B), ORC, states that the prescriptive authority of the APRN shall not exceed that of the collaborating physician, and Rule 4723-8-02(D), OAC, requires each APRN to incorporate into their practice the law and rules established by the Ohio State Medical Board that apply to their collaborating physician's practice. The APRN should review Medical Board Rule 4731-11-09, OAC, "Prescribing to Persons Not Seen by the Physician."

Q: May an APRN establish a consult agreement with a pharmacist for management of a patient's drug therapy?

A: Following adoption of HB203 in December 2020, APRNs designated as CNPs, CNMs, and CNSs, are authorized under certain specific circumstances to establish drug therapy consult agreements with pharmacists. Prior to HB203, only physicians were authorized to enter into drug therapy consult agreements. This topic is addressed in the Winter 2021 Momentum article, available on the Board website under Publications at: <https://nursing.ohio.gov/wp-content/uploads/2021/01/Momentum-Winter-2021.pdf>

Scope of Practice FAQs

Q: As an APRN, I have been asked how I am authorized to make "medical diagnoses" and to prescribe. Where can I find this?

A: While Section 4723.151(A), ORC, prohibits a nurse from making a "medical diagnosis" this prohibition does not prevent an APRN from practicing within their scope (Section 4723.151(B), ORC), which may include prescribing and diagnosing consistent with the statutory scope.

Q: Is it within the scope of a CNP who is certified in Women's Health Care (WHC) to manage the health care of adolescent and adult female patients?

A: A CNP would follow Section 4723.43(C), ORC, which defines the practice as within the nurse's nursing specialty, consistent with the nurse's education and national certification, and in accordance with rules adopted by the Board. The authority of a CNP with WHC certification to practice as an APRN is based on the WHC education program and the resulting national certification focused on the WHC CNP treating female patients for women's health issues. The NCC 2021 Candidate Guide Women's Health Care Practitioner discusses care of female patients beginning at puberty.

Q: Is it within the scope of a CNP who is certified in Women's Health Care (WHC) to manage care provided to male patients? I am a WHC CNP and have worked in medical oncology in a comprehensive breast center for the past 4 years. I recently accepted a position in a general oncology practice. With my WHC NP certification, am I authorized to manage care of male oncology patients who have various oncological diagnoses if it is included in my SCA?

A: A CNP would follow Section 4723.43(C), ORC, which defines the practice as within the nurse's nursing specialty, consistent with the nurse's education and national certification, and in accordance with rules adopted by the Board. The authority of a CNP with WHC certification to practice as an APRN is based on the WHC education program and the resulting CNP's national certification focused on the WHC CNP treating female patients for women's health issues. The NCC 2021 Candidate Guide Women's Health Care Practitioner addresses the diagnosis and management of male patients only in the context of sexual and reproductive health. A CNP cannot expand their practice to another nursing specialty or population focus by adding it to their SCA. A WHC CNP who wants to expand their practice to diagnose and manage male oncology patients would need to qualify and obtain an additional nursing specialty through national certification in an applicable population focus.

Q: As a CNP with national certification in adult-gerontology primary care what is the youngest age of patients I may manage?

And

Q: As a CNP with national certification in pediatric primary or acute care, what is the upper age limit of patient I can provide care to?

A: A nurse authorized to practice as a CNP may practice within the nurse's nursing specialty, consistent with the nurse's education and national certification, and in accordance with rules adopted by the Board. Section 4723.43(C), ORC. The law and rules do not establish bright line age ranges to define age specific patient populations. Rather, it is the national certification that determines the population (including age parameters) of patients for whom the APRN is prepared and authorized to provide care. An APRN with questions about the age ranges or growth and development stages addressed by their national certification would look to the national certifying organization itself. For example, does it state that national certification validates competency with patients "up to late adolescence," or "from early adolescence through adult," etc.? To manage the care of a population different than the one validated by the CNP's current national certification, the APRN would need to obtain the additional national certification.

A CNP with national certification in pediatric primary or acute care is qualified to manage developmental and physical health care needs into young adulthood and are expected to engage in transition planning for adolescents to adult health care services. The National Association of Pediatric Nurse Practitioners has published a recent position indicating that it is imperative that adolescent and young adults participate in a process of transfer and integration to an adult model of care as pediatric conditions continue into adulthood. See NAPNAP Position Statement on Age Parameters for Pediatric Nurse Practitioner Practice, at [https://www.jpedhc.org/article/S0891-5245\(18\)30580-7/fulltext](https://www.jpedhc.org/article/S0891-5245(18)30580-7/fulltext)

Q: Is a CRNA authorized to administer drugs, such as low dose ketamine infusion, for example, for the purpose of pain relief or for the treatment of treatment-resistant

depression? The treatments involve low doses of the drugs and are not intended to induce anesthesia and are not related to pre- or post-anesthesia care.

A: A nurse authorized to practice as a CRNA, “with the supervision and in the immediate presence of a physician, podiatrist, or dentist, may administer anesthesia and perform anesthesia induction, maintenance, and emergence, and may perform with supervision preanesthetic preparation and evaluation, post-anesthesia care, and clinical support functions, consistent with the nurse's education and certification, and in accordance with rules adopted by the board.” Section 4723.43(A), ORC. CRNAs may also provide orders in certain circumstances for the administration of drugs and intravenous fluids to their patients in the health care facilities where the CRNAs practice. While CRNAs may themselves select and administer drugs used in performing anesthesia induction, maintenance, and emergence, and order drugs to be administered, they cannot themselves order or themselves independently select and administer drugs not related to their CRNA scope as defined in 4723.43(B).

However, a CRNA may act in the capacity of a RN, and as a RN, may administer drugs pursuant to an order from an authorized provider who is acting within the course of the individual’s professional practice (e.g., a physician, a PA, or an APRN-CNP, APRN-CNS, or APRN-CNM). Rule 4723-4-03, OAC, requires that when a RN provides nursing care in accordance with Section 4723.01(B)(5), ORC, the RN must have a specific current order for the medication, treatment, or regimen that the nurse is to administer or carry out. If the stated purpose of the medication administration is other than for sedation, the RN must still also consider the sedating effects of the medication and take steps to ensure patient safety as required by Chapter 4723-4, OAC.

Q: My CNM education and national certification included performing circumcisions of newborns. I performed these in another state. Am I permitted to provide this procedure in Ohio?

A: No. The statutory scope for CNMs in Section 4723.43(A), ORC, is to provide the management of preventive services and those primary care services necessary to provide health care to women antepartally, intrapartally, postpartally, and gynecologically, consistent with the nurse's education and certification, and in accordance with rules adopted by the Board. This scope of CNM practice does not include circumcisions. Any parameters or limitations established in the statutorily defined scope cannot be expanded through education or national certification.

Q: How can an APRN determine whether they may include a specific procedure, task or activity in their practice?

A: It is important for each APRN to understand the limits of their authorized scope of practice, and to know the limits of their individual knowledge, skills and abilities. The Board does not maintain a list of procedures that a particular APRN may or may not perform. An APRN is authorized to practice within the respective APRN scope as set forth

in Section 4723.43, ORC, the APRN's nursing specialty as determined by their national certification, and standards of practice including those set forth in Chapter 4723-8, OAC, including for example, Rule 4723-8-02, OAC. The Board adopted an APRN Decision Making Model to assist APRNs in determining whether a specific procedure, task or activity is consistent with standards of practice, appropriate to perform based on the individual APRN's knowledge, skills, and ability and is appropriate based on the clinical setting. The Decision Making Model is available on the Board website under Practice Resources, APRN. Also, the regulations pertaining to SCAs in Chapter 4723-8, OAC, require that the SCA include a statement of services to be provided by the APRN and a plan for the incorporation of new technology in the APRN's practice.

Q: Do a CNP's documentation, assessments, orders or progress notes need to be reviewed and co-signed by a physician, or podiatrist?

A: The law and rules do not require co-signature by another health care provider of an APRN's prepared documentation. However, an employer, facility or payor may institute requirements that exceed those required by the Board. Also, if the CNP and collaborating physician agree to include a co-signature requirement in the SCA, then it would be required.

Q: I am a CNP certified in Family Across the Lifespan, which is primary care. How may I determine the limits of my individual scope if employed in a hospital?

A: There is no limit as to the settings where any APRN may practice. There are limits on the patient conditions the CNP with this certification may manage regardless of the setting. The CNP must review the defined scope of practice in Section 4723.43(C), ORC; the national certification in the population foci that determines the CNP's nursing specialty, and the SCA that is entered with a qualified collaborating physician, which may contain practice limitations. National certification in "Family" does not include the management of patients with high acuity unstable/critical conditions. If management of these patient conditions is an expectation, national certification in Adult-Gerontology Acute Care or Pediatric Acute Care would be needed.

Q: I am a CNP certified in Pediatrics Primary Care. When I initially completed my graduate education program, obtained national certification and entered practice, children with severe asthma were sent to specialists for management. As I continued my practice and maintained my national certification, completing many hours of continuing education, including content on management of severe asthma, I began to manage these asthmatic patients myself after learning that new management techniques and medications lessen the frequency of severe attacks and hospitalization. Am I permitted to do this although it was not addressed in my initial graduate program and initial certification?

A: Yes. Maintenance of national certification in your nursing specialty means that you are maintaining your knowledge of current practice standards, medications and techniques necessary for your application and management of your patients.

Q: I am a CNS and will soon enter into a SCA with a physician practicing bariatric medicine and surgery. I am aware of the Exclusionary Formulary, which will permit me to prescribe phentermine for weight loss. I am told that there are additional parameters specific for prescribing of controlled substances for weight loss, but I did not find anything specific in Chapter 4723-9, OAC. Where can I find these?

A: Rule 4723-8-02(D), states APRNs “shall utilize and incorporate into the nurse’s practice, knowledge of Chapter 4731. of the Revised Code and rules adopted under that chapter that govern the practice of the nurse’s collaborating physician or podiatrist.”

- This requires an APRN to comply with the same practice/prescribing parameters established by the Medical Board that apply to the collaborating physician or podiatrist.
- In this case the CNS must, in addition to meeting all other requirements, prescribe phentermine in accordance with Medical Board Rules, including 4731-11-04, OAC, Controlled substances; Utilization of short term anorexiant for weight reduction.

Q: Is a CNP who holds national certification in Family authorized to provide hospice and palliative care to patients?

A: Yes. A FNP is authorized to provide primary advanced practice nursing care to patients across the lifespan. This may include managing the patients’ complex and non-curative care for purposes of minimizing symptoms and providing comfort care.

APRN Delegation to Unlicensed Persons

Q: May APRNs delegate nursing tasks to unlicensed individuals? May APRNs delegate medication administration to unlicensed individuals?

A: Yes. Unlicensed persons such as STNAs, nursing assistants and medical assistants have no authorized scope of practice and may only engage in nursing tasks that are delegated to them by a licensed provider who is authorized to delegate the task.

- Nursing delegation is defined in Rule 4723-13-01(B), OAC, as the transfer of responsibility for the performance of a selected nursing task from a licensed nurse authorized to perform the task to an individual who does not otherwise have the authority to perform the task.
- The application of Chapter 4723-13, OAC is dependent on the individual patient and clinical circumstances as well as the knowledge and ability of the unlicensed individual to whom the task is delegated, all of which must be considered by the nurse prior to delegating. While law and rules governing nursing practice do not provide a list of delegable tasks, they do set certain limitations. Rule 4723-13-05(D) OAC, for example, states that a RN, or a LPN at the direction of an RN, may delegate to an unlicensed person the administration of only the following medications (unless otherwise authorized by law): over the counter topical medications to be applied to intact skin for the purpose of improving a skin condition or providing a barrier and over the counter eye drops, ear drops, or suppository medications, foot soak treatments, and enemas.

- **By contrast**, APRNs are not limited to the list of medications provided in Rule 4723-13-05(D) when delegating medication administration to unlicensed persons. APRNs must however comply with all requirements of Section 4723.48, ORC, and Section 4723.489, ORC, including specific requirements as to the unlicensed person's documented education and demonstrated knowledge, skills, and ability to administer the drug safely, and, the requirement that the APRN is on site during the delegated medication administration. In addition, the APRN is prohibited from delegating the administration of controlled substances or intravenous medications to an unlicensed person. The delegation of the authority to administer medications is also prohibited from occurring in a hospital inpatient care unit as defined in Section 3727.50, ORC, a hospital emergency department or a freestanding emergency department, or an ambulatory surgical facility as defined in Section 3702.30, ORC. Sections 4723.48 and 4723.489, ORC.

Licensure, Titles & Academic Credentials

Q: As an APRN-CNP who has also earned a DNP, may I identify myself as Dr. Jones?

A: Law and rules enforced by the Board require APRNs to display and identify their applicable licensure to patients when providing direct patient care and require APRNs to identify themselves with their applicable licensure when interacting through any form of telecommunication with patients or with other healthcare providers on behalf of a patient. Law and rules enforced by the Board do not address nurses' use of academic credentials or titles, such as Dr., MSN, DNP, or PhD, etc., or noting of specific certifications they have achieved.

Rule 4723-4-06(B), OAC, provides "At all times when a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist is providing direct nursing care to a patient, the nurse shall display the applicable title or initials set forth in [Section 4723.03, ORC] to identify relevant approval either as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist. (C) At all times when a licensed nurse is engaged in nursing practice and interacting with the patient, or health care providers on behalf of the patient, through any form of telecommunication, the licensed nurse shall identify to each patient or health care provider the nurse's title or initials set forth in [Section 4723.03, ORC] to identify applicable licensure as a registered nurse, licensed practical nurse, certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist." In addition, Rule 4723-8-03, OAC, requires that when an APRN is providing direct patient care, the APRN display and identify the applicable title and designation as set forth in the rule.

Law and rules enforced by other entities or agencies may also impact identification.

Pronouncing Death

Q: May a Nurse Practitioner pronounce death in patients in the hospital (but not on life support or in critical care), in hospice, or in an extended care facility.

A: Section 4723.36, ORC, provides the circumstances under which an APRN-CNP or APRN-CNS, or a RN, may determine and pronounce death. It is pasted below for your convenience and can also be accessed here: <http://codes.ohio.gov/orc/4723.36>. See also Ohio Medical Board Rule 4731-14-01, OAC, "Who may pronounce death," at <http://codes.ohio.gov/oac/4731-14-01>.

4723.36, ORC, Determination of death by certified nurse practitioner or clinical nurse specialist.

(A) A certified nurse practitioner or clinical nurse specialist may determine and pronounce an individual's death, but only if the individual's respiratory and circulatory functions are not being artificially sustained and, at the time the determination and pronouncement of death is made, either or both of the following apply:

(1) The individual was receiving care in one of the following:

(a) A nursing home licensed under section 3721.02, ORC, or by a political subdivision under section 3721.09, ORC;

(b) A residential care facility or home for the aging licensed under Chapter 3721, ORC;

(c) A county home or district home operated pursuant to Chapter 5155, ORC;

(d) A residential facility licensed under section 5123.19, ORC.

(2) The certified nurse practitioner or clinical nurse specialist is providing or supervising the individual's care through a hospice care program licensed under Chapter 3712, ORC, or any other entity that provides palliative care.

(B) A registered nurse may determine and pronounce an individual's death, but only if the individual's respiratory and circulatory functions are not being artificially sustained and, at the time the determination and pronouncement of death is made, the registered nurse is providing or supervising the individual's care through a hospice care program licensed under Chapter 3712, ORC, or any other entity that provides palliative care.

(C) If a certified nurse practitioner, clinical nurse specialist, or registered nurse determines and pronounces an individual's death, the nurse shall comply with both of the following:

(1) The nurse shall not complete any portion of the individual's death certificate.

(2) The nurse shall notify the individual's attending physician of the determination and pronouncement of death in order for the physician to fulfill the physician's duties under section 3705.16, ORC. The nurse shall provide the notification within a period of time that is reasonable but not later than twenty-four hours following the determination and pronouncement of the individual's death.

The APRN Consensus Model

Q: What is the APRN Consensus Model?

A: The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (July 7, 2008) (APRN Consensus Model) is a national model that explains the broad schematic for APRNs that is generally accepted and recognized in the United States. It is endorsed by multiple national organizations including the National Council of State Boards of Nursing (NCSBN), national accreditors of APRN graduate programs, and national certifying organizations. It is the model by which national certifying organizations determine and provide their certification examinations to qualifying candidates.

Ohio has not achieved all elements of the Consensus Model. The Consensus Model is not an Ohio law or rule. While recognizing that not all elements of the Consensus Model are consistent with Ohio law and rule, the Board's Advisory Committee on Advanced Practice Registered Nursing recommended to the Board, and the Board agreed, that the APRN Consensus Model's approach as to role and population foci is consistent with the Board's approach and would continue to be followed. The APRN Consensus Model includes certification in one or more specialized areas of population foci as a requirement for licensure, which is consistent with Ohio law and rules regulating APRNs.

Additional information, including the full model, is available at the NCSBN website, <https://www.ncsbn.org/aprn-consensus.htm>

Q: I am a family nurse practitioner and I wish to subspecialize in pediatric oncology. Does the Board require that I obtain a certification in that subspecialty or an additional license?

A: No, these subspecialties are not individually regulated. APRN practice must be consistent with the national certification(s). APRNs who hold national certification in a particular nursing specialty/population focus, may further subspecialize their practice. For example, a CNS who holds national certification in Pediatrics, may subspecialize in pediatric oncology, or a CNP who holds national certification in Adult-gerontology primary care may subspecialize in urological disorders.

Law and rules referenced in this FAQ may be accessed online at: <https://nursing.ohio.gov/> or at: <https://codes.ohio.gov/orc/> or <https://codes.ohio.gov/ohio-administrative-code>.