



South Carolina Board of Nursing

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**REQUIREMENTS AND INSTRUCTIONS FOR
APRN PRESCRIPTION AUTHORITY APPLICATION – ELECTRONIC APP**

An Nurse Practitioner (NP), Certified Nurse-Midwife (CNM), or Clinical Nurse Specialist (CNS) who applies for prescriptive authority must comply with the following requirements pursuant to Section 40-33-34(E)(1) by submitting the following:

Initial Prescriptive Authority Applicant

After obtaining a SC nurse practitioner, certified nurse mid-wife, or clinical nurse specialist license, a prescriptive authority application may be completed with the following requirement(s):

- Upload evidence of completion of forty-five (45) contact hours of education in pharmacotherapeutics acceptable to the board, within two (2) years before application. At least fifteen (15) of the twenty (20) hours should be in controlled substances to pursue a SC DEA license.
 - New graduates (graduated within two (2) years before the application) who have completed a graduate level pharmacology course meet the educational requirements for prescriptive authority and controlled substances.

Note: If your official college transcript was provided with your initial application, you do not need to send in another transcript.

Endorsement Prescriptive Authority Applicant

(Has an existing out-of-state prescriptive authority license.)

After obtaining a SC nurse practitioner, certified nurse mid-wife, or clinical nurse specialist license, a prescriptive authority application may be completed with the following requirement(s):

- Upload a current state-issued license verification or a current DEA registration that reflects current prescriptive authority licensure;
- Upload proof of twenty (20) contact hours in pharmacotherapeutics within two (2) years before application. At least fifteen (15) of the twenty (20) hours should be in controlled substances.

Requirements for Reactivating/Reinstating Prescriptive Authority

- Applicants whose privileges have lapsed for less than six (6) months do not require additional contact hours.
- Applicants whose privileges have lapsed for more than six (6) months or who previously held prescriptive authority in another state whose privileges in that state have expired by more than six (6) months, must meet the requirements of a first time applicant (see Initial prescriptive authority).

Submit these pages by attaching them to the online application under the “Uploads” section. Do not mail with a check to the SCBON.

Applications are reviewed in the order they are received and if approved, the board shall issue an identification number to the NP, CNM, or CNS authorized to prescribe medications. Approved authorization for prescriptive authority is valid unless terminated by the board for cause. All prescriptive authority authorization expires concurrent with the expiration of the Advanced Practice Registered Nurse license.

To apply online, go to this link: <https://eservice.llr.sc.gov/NewAppsV3>.

Advanced Practice Registered Nurse (APRN) (Nurse Practitioner, Certified Nurse Midwife, or Clinical Nurse Specialist)
New Employment / Change of Practice Request Form / Prescriptive Authority
 (§40-33-34 (D) (3) and (H)(4) – APRNs must submit a change of practice form within 15 days of change)
 Return this completed form with your prescriptive authority application.

Select type of Advanced Practice that applies to you:

Nurse Practitioner (NP) **Certified Nurse-Midwife (CNM)** **Clinical Nurse Specialist (CNS)**

Last Name	First Name	Middle Name	Maiden Name
Home Address (Street, City, State, Zip):		Home Phone:	
Last five of SSN:	SC License#:	Specialty Area:	

Reminder: All physicians can only work with no more than six (6) NPs, CNMs, CNSs, or PAs at any one time without prior approval by the SC Board of Medical Examiners. Updates/changes must be submitted to the Board within 15 days of change. If you have questions, please send an e-mail to NurseBoard@LLR.SC.GOV.

New Employment	Change of Practice Site(s)	Change of Physician(s)
Additional Practice Site(s)	Additional Physician(s)	Reinstatement of RX
Remove Physician(s)	<small>(If RX has been removed over 6 months, applicant must reapply for RX by submitting an application.)</small>	
	1. _____ Lic. # _____	2. _____ Lic. # _____
	3. _____ Lic. # _____	4. _____ Lic. # _____

PRIMARY Practice Site <small>(If more than 2 sites, duplicate form as needed)</small>	Employer Name (Use blank copies of this form to add multiple practice sites and/or physicians):	
	Practice Address: (Street, City, State, Zip Code)	
Primary Physician Alternate Physician	Collaborating Physician (All physicians must have a permanent SC license in good standing)	
	Business Address: (Street, City, State, Zip)	
SC Physician's License No:	Practice Specialty:	Primary Practice Site Phone Number

By signing this document, I affirm that I understand the limitations imposed upon physicians as set forth in S.C. Code section 40-47-196.

Signature of Collaborating Physician _____
Date

SECONDARY/ADDITIONAL Practice Site <small>(If more than 2 sites, duplicate form as needed)</small>	Employer Name (Use blank copies of this form to add multiple practice sites and/or physicians):	
	Practice Address: (Street, City, State, Zip)	
Primary Physician Alternate Physician	Collaborating Physician (All physicians must have a permanent SC license in good standing)	
	Business Address: (Street, City, State, Zip)	
SC Physician's License No:	Practice Specialty:	Secondary Practice Site Phone Number

By signing this document, I affirm that I understand the limitations imposed upon physicians as set forth in S.C. Code section 40-47-196.

Signature of Collaborating Physician _____
Date

A copy of the written practice agreement, for NP, CNM, or CNS signed and dated by all the physicians listed above and myself are on file in the office/agency of my employment and available upon request. **YES** **NO**

Please do not send written practice agreements unless requested.

I HEREBY Swear/affirm the statements made in this document to be TRUE to the best of my knowledge.

Signature and Title of Applicant _____
Date