



Virginia Department of
Health Professions
Board of Nursing

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Perimeter Center
Henrico, Virginia 23233
(804) 367-4515

www.dhp.virginia.gov/nursing

CHECKLIST INSTRUCTIONS: APPLICATION – PRESCRIPTIVE AUTHORITY FOR LICENSED NURSE PRACTITIONERS

Licensed Nurse Practitioners may be authorized to prescribe upon application to the Virginia Board of Nursing pursuant to [18 VAC 90-40-30](#). Additionally, prescribers are required to have a *practice agreement* in accordance with [Virginia Code § 54.1-2957.01](#) and nursing regulation [18 VAC 90-40-90](#). Nursing regulations regarding prescriptive authority may be found at [Virginia Nursing Laws and Regulations](#).

✓ **Required** application supporting documents may be emailed to appsupportdocs@dhp.virginia.gov.

REQUIRED QUALIFICATIONS

1. Current unrestricted license as a nurse practitioner in Virginia; **AND**

Provide **ONE** (1) of the following pursuant to [18 VAC 90-40-40 \(2\)](#):

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| 1. | Copy of document that verifies current professional certification as a nurse practitioner or nurse-midwife; OR |
| 2. | Transcript or letter sent to the Board of Nursing office from an educational program verifying satisfactory completion of a graduate level course in pharmacology or pharmacotherapeutics obtained as a part of your nurse practitioner or nurse-midwifery education within the past five years; OR |
| 3. | A statement from a superior or a personal affidavit attesting to no less than 1000 hours of practice in each of the last two years and copies of documents verifying 15 hours of continuing education in each of the last two years; OR |
| 4. | Evidence of 30 hours of education in pharmacology or pharmacotherapeutics taken within the last five years which includes: applicable federal and state laws, prescription writing, drug selection, dosage, route and interactions, information resources, and clinical application related to your area of practice. This evidence must be either an official transcript from the institution offering a formal course or copies of documents verifying non-credit continuing education offerings. |

Please indicate on the application the LNP category you wish to use prescriptive authority:

- ❖ Adult/geriatric acute care nurse practitioner (01);
- ❖ Family nurse practitioner (02);
- ❖ Pediatric/primary care nurse practitioner (03);
- ❖ Adult/geriatric primary care nurse practitioner (07);
- ❖ Certified nurse midwife (09);
- ❖ Neonatal nurse practitioner (13);
- ❖ Women's health nurse practitioner (14);
- ❖ Psychiatric nurse/mental health practitioner (17);
- ❖ Pediatric/acute care nurse practitioner (18).