

RN Prescribing College Authorization
Part A (RN Application)

Section A: RN Nurse Prescriber Applicant Information

Name CRNNL Registration#

Primary Phone Number Primary Email Address

Employer(s) Address (where you will be prescribing, include site/unit, and telephone number)

Provide a description of your practice setting and applicability for this request:

Section B: Employer Sponsor¹ Statements

Ensure that Part B: Employer sponsor statement from your current nursing employment setting/context confirming their support for the addition of prescriptive authority to your scope of practice in the practice setting has been completed and submitted to the College.

Employer Sponsor Name: _____

Employer Sponsor Email: _____

Employers Sponsor Telephone #: _____

¹ The employer sponsor who completes this section may be a program manager, nurse manager, supervisor, or another person in a position of authority with whom the RN has confirmed that RN prescribing will help fulfill an employer identified area of need in that employment setting/context.

Section C: RN Prescribing Supports and Resources

In order to receive authorization to add RN prescribing to your scope of practice, you must confirm that the following supports/resources are available and ready for use. Please initial Yes or No

<ul style="list-style-type: none"> You have an RN Prescribing Guidance Document. See Appendix A for information on what should be included in the guidance document 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> You have employer policies to guide practice related to RN prescribing 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> You have access to another authorized prescriber for prescribing questions 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> You have access to a supportive collaborative team 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> You are registered with the HEALTHe NL Viewer to enable you to access diagnostic and lab results, etc. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> You have access to the Pharmacy Network for the purpose of reviewing a patient's medication profile 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you cannot confirm any of the above statements, do not submit your application until all conditions have been met.

Confirm having knowledge and understanding of the following documents:

<ul style="list-style-type: none"> The College's Standards of Practice for Registered Nurses and Nurse Practitioners 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> The College's Scope of Practice Framework 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> The College's RN Prescribing Framework 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> The College's RN Prescribing Practice Guidelines 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Newfoundland & Labrador Pharmacy Board (NLPB) documents related to prescribing 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> College of Physicians & Surgeons of NL (CPSNL) documents related to prescribing 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section D: Education

Attach to the application a certificate(s) or transcript (if applicable) of the successful completion of NURS 1713 Health Assessment and Clinical Reasoning, NURS 1714 Rational Drug Therapy for RN Prescribers, and NURS 1715 Clinical Decision-Making for RN Prescribers from Saskatchewan Polytechnic.

RNs expanding their scope of practice to include prescriptive authority must:

- seek continuing education opportunities for ongoing learning related to prescribing
- ensure they maintain their individual competence to prescribe
- keep current on evidence-informed best practices

Section E: Registered Nurse Declarations

I, _____ hereby apply to expand my scope of practice to include prescriptive authority as authorized by my employer sponsor.

I, _____ declare that the information I have provided in this application is true and correct.

I, _____ declare that my employer sponsor has provided me with a guidance document specific to my practice area and RN prescribing to outline the expectations for my role.

I, _____ declare that I have access to another authorized prescriber.

I, _____ declare that I work as part of a collaborative team.

I, _____ declare that I am knowledgeable of all CRNNL's RN Prescribing Framework, Practice Guidelines, and Frequently Asked Questions documents.

I, _____ declare that I am knowledgeable of all College of Physicians & Surgeons of Newfoundland & Labrador (CPSNL) documents related to prescribing.

I, _____ declare that I am knowledgeable of all Newfoundland and Labrador Pharmacy Board's (NLPB) documents related to prescribing.

I, _____ declare that I will only include my RN prescriber designation in my signature when working in the RN prescriber role and limit the use of my RN prescriber identifier to situations in which I am working in that role.

I, _____ recognize that CRNNL will obtain confirmation or verification of the documentation and information submitted as part of this application, including but not limited to contacting my employer, manager, supervisor, or mentor.

I, _____ acknowledge that my name and specialization will be displayed under member search and, in the future, the practice setting and employment information may be displayed on CRNNL website under Member Search.

I, _____ declare that I have read and agree with each of the declaration statements listed above.

RN Signature

Date

Please return the completed document directly to CRNNL, with the subject title RN Prescribing Application RN Application, to registration@crnnl.ca.

For Office Use Only:

Part A: Received:

Part B: Received:

Part C: Received:

Part D:

Received: _____

Signature: _____

Date Approved:

RN Application- RN Prescribing College Authorization
Part B (Employer Statements)

Please complete Section A and forward this form to the Program Manager/Nurse Manager of your authorized practice setting for completion.

Section A: Registered Nurse Prescriber Applicant Information

Surname

Given Name

Telephone Number

Email Address

CRNNL Registration #

I hereby give consent for my employer as named in Part A of the application to release the information as requested by CRNNL.

Date

Signature of Registered Nurse

Section B: Statement of Employer Sponsor¹

The above-named Registered Nurse has applied to the College of Registered Nurses of Newfoundland and Labrador (CRNNL) to expand their scope of practice to include RN prescribing.

Please complete the following statements indicating the employer's support for this RN applicant to expand their scope of practice to include RN prescribing in their practice setting and that the employer agrees to the conditions of sponsorship.

Employer Sponsor

Name: _____

Address of practice setting:

Contact Number/Email: _____

Do you support this RN applicant to expand their scope of practice to include RN prescribing in their practice setting? Yes No

Do you confirm that you are knowledgeable of all CRNNL's RN Prescribing Framework, Practice Guidelines, and Frequently Asked Questions documents? Yes No

¹ The employer sponsor who completes this section may be a program manager, nurse manager, or supervisor or another person in a position of authority with whom the RN has confirmed that RN prescribing will help fulfill an employer identified area of need in that employment setting/context.

Do you confirm, as the employer sponsor, that you have knowledge of and agree to the conditions of sponsorship?

Yes No

Do you confirm, as the employer sponsor, there is a policy(s) in place to guide a RN in their expanded scope of practice to include RN prescribing?

Yes No

Do you confirm, as the employer sponsor, the RN prescriber has a guidance document specific to the practice area and RN prescribing to outline the expectations of the RN prescriber?

Yes No

Do you confirm the practice setting has a collaborative team?

Yes No

Do you confirm the RN prescriber has access to another authorized prescriber?

Yes No

Signature

Position/Title

Date

Please return the completed document directly to CRNNL, with the subject title RN Prescribing Application Employer Statements, to registration@crnnl.ca.