

STATE OF MISSOURI ADVANCED PRACTICE REGISTERED NURSE APPLICATION INSTRUCTIONS

In order to receive a Document of Recognition to practice as an Advanced Practice Registered Nurse (APRN) in the State of Missouri, you must have a current permanent Missouri or other Compact Registered Nurse (RN) license.

- Complete the entire application. You may complete it online and print it out or print it out and then complete the application.
- Sign the application in the presence of a notary public and have it notarized.

Send the following items to the Missouri State Board of Nursing Office:

- Completed, signed and notarized application may be sent in prior to taking the certification exam or immediately after.
- Completed Authorization to Release Confidential Information (permits us to communicate with your certifying body)
- \$150 Fee – Make check or money order payable to Missouri State Board of Nursing (Fee is Non-refundable)
- Evidence of current certification with expiration date.
- Your application will not be processed until all of the above have been received.

IMPORTANT INFORMATION!

YOU MAY NOT PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE (APRN) IN THE STATE OF MISSOURI UNTIL THE BOARD OF NURSING HAS RECEIVED ALL OF THE INFORMATION ABOVE AND YOU HAVE BEEN ISSUED A DOCUMENT OF RECOGNITION TO PRACTICE.

General Information

- You will not receive a license card. You may verify your Document of Recognition at www.nursys.com.
- APRNs have automatic authority to prescribe legend drugs with a collaborative practice arrangement with a physician. For more information about APRN collaborative practice in Missouri, go to <http://pr.mo.gov/nursing-advanced-practice-collaborative-practice.asp>
- For information about controlled substance prescriptive authority, go to <http://pr.mo.gov/nursing-advanced-practice-controlled.asp>.

NOTE: APRNs in Missouri must have a Collaborative Practice Arrangement to provide health services that include delegated medical acts. There is no requirement to submit a copy of the collaborative practice arrangement to the Board.

For additional assistance contact the Missouri State Board of Nursing Practice Section at 573-751-0073 or nursingpractice@pr.mo.gov



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
ADVANCED PRACTICE REGISTERED
NURSE APPLICATION

MAILING ADDRESS:
 STATE BOARD OF NURSING
 PO BOX 656
 JEFFERSON CITY MO 65102-0656
 (573) 751-0073
 Email: nursingpractice@pr.mo.gov
 Website: http://pr.mo.gov/nursing.asp

DELIVERY ADDRESS
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

FOR OFFICE USE ONLY

APPROVED			
NURSYS	MEMO		
PRE-LICENSE NUMBER		LICENSE NUMBER	LICENSE DATE
DEPOSIT DATE	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> M.O.		

APPLICATION FEE IS NON-REFUNDABLE. APPLICATION IS VOID IF REQUIREMENTS FOR RECOGNITION ARE NOT MET WITHIN ONE YEAR YOU MUST HAVE A CURRENT RN LICENSE FROM EITHER MISSOURI OR ANOTHER COMPACT STATE IN ORDER TO BE RECOGNIZED AS AN APRN IN MISSOURI.

Place a checkmark in the shaded area below for changes/notes on application. See note section for clarification.

SECTION I - PROFILE INFORMATION — ALL APPLICANTS

1. FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)		PREVIOUS OR OTHER NAME(S)	
2. PRIMARY RESIDENCE (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVERS LICENSE) - PHYSICAL ADDRESS REQUIRED, PO BOXES ARE NOT ACCEPTABLE			
CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE) STREET OR PO BOX			
CITY		STATE	ZIP CODE
3. DATE OF BIRTH	PLACE OF BIRTH (CITY)	(STATE)	(COUNTY)
MONTH	DAY	YEAR	MOTHER'S MAIDEN LAST NAME
4. SOCIAL SECURITY NUMBER (MANDATORY, USED FOR IDENTIFICATION PURPOSES ONLY)		TELEPHONE NUMBER - HOME	TELEPHONE NUMBER - WORK
5. EMAIL ADDRESS - REQUIRED (PLEASE PRINT)			
6. MISSOURI REGISTERED PROFESSIONAL NURSE LICENSE NUMBER		OR	*STATE OF RESIDENCE MULTI-STATE LICENSE NUMBER

***Primary State of residence** means the State of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence; driver's license, voter registration card, federal income tax return.

SECTION II - APRN CERTIFICATION HELD OR APPLIED FOR

NAME OF NATIONALLY RECOGNIZED CERTIFYING BODY	EXAMINATION DATE	CERTIFICATION NUMBER	CERTIFICATION EXPIRATION DATE

SECTION V - SCREENING QUESTIONS

1. Have you ever been issued any professional license, certification, registration, or permit by any state, United States, territory, province or foreign country? YES NO
IF YES, LIST TYPE OF LICENSE BELOW AND BY WHOM.
2. Have you ever been denied a professional license, certification, registration or permit? YES NO
IF YES, EXPLAIN BELOW.
3. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? YES NO
IF YES, EXPLAIN BELOW.
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold? YES NO
IF YES, EXPLAIN BELOW.
5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration or permit? YES NO
IF YES, EXPLAIN BELOW.

SECTION VI - AFFIDAVIT (TO BE NOTARIZED BY A NOTARY PUBLIC) — ALL APPLICANTS

I am aware that all documents needed for recognition as eligible to practice as and use titles of an advanced practice registered nurse must be received in the Board office before my application expires. I am also aware that it is my legal and professional responsibility to inquire at the Board office before my application expires regarding the status of my application. Application fees are non-refundable.

I realize that I cannot practice as nor use titles of an advanced practice registered nurse without a current Missouri OR another Compact State RN license, certification and Board recognition.

I understand that my application for recognition will not be approved if I fail to provide any of the required documentation or information.

Being duly sworn, I state that I am the person who is referred to in the foregoing application for eligibility to practice as and use titles of an advanced practice registered nurse in the State of Missouri; that the statements therein are strictly true in every respect; that I have complied with all requirements of the law; and that I have read and understand this affidavit.

MUST BE SIGNED IN PRESENCE OF NOTARY ▶		SIGNATURE OF APPLICANT	
STATE OF		COUNTY OF	NOTARY PUBLIC EMBOSSER SEAL
SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20			
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

PRINT LEGIBLY IN BLACK INK

I, _____, hereby authorize the MISSOURI STATE BOARD OF NURSING to release my social security number, in addition to any public information contained in my file at the MISSOURI STATE BOARD OF NURSING, regarding my licensure and application status as a Registered Professional Nurse/Advanced Practice Nurse to my national certifying body/bodies, _____ and/or their representatives, in order to facilitate interagency communication and retrieval of certification or recertification evidence.

A photostatic copy of this authorization will be considered as effective and valid as the original.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S PRINTED NAME

APPLICANT'S SOCIAL SECURITY NUMBER