Frequently Asked Questions - APRN Licensure and Practice in Ohio

March 20, 2025

The purpose of this document is to answer frequently asked questions (FAQs) regarding APRNs, consistent with 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/compliance-and-regulation/laws-and-rules.

Standard Care Arrangement (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: Such verification 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),

ORC, 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.
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> 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), OAC. Prescribing resources and guidelines are available on the Board website under the Practice and Prescribing section.

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

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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.

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: Per 4723-8-12, OAC, APRNs are authorized under certain specific circumstances to establish drug therapy consult agreements with pharmacists.. This topic is addressed in the Winter 2021 Momentum article, "Consult Agreements Established Between Pharmacists and CNSs, CNMs, or CNPs."

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.

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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. National Association of Nurse Practitioners in Women's Health article, "Scope of Practice for the Board-certified Women's* Health Nurse Practitioner (WHNP-BC)" (September 2024), 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 2025 Candidate Guide Women's Health Care Practitioner addresses male care in reference to physical examination, management of sexually transmitted diseases and infertility issues. 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 an 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

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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

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), ORC.

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.

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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. (add link) 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

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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), OAC, 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 anorexiants 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.

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 subspecialities 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

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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.

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), OAC, 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?

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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.

CRNA Supervision

Q: May a CRNA perform general anesthesia in a dental office?
A: A CRNA may only perform general anesthesia if the supervising dentist holds a general anesthesia permit. Per 4723.43(B)(3), ORC, when a certified registered nurse anesthetist is supervised by a dentist, the nurse's scope of practice is limited to the anesthesia procedures that the dentist has the authority under Chapter 4715. of the Revised Code to perform. See 4715-5-05, OAC.

Q: Can a CRNA perform general anesthesia in a surgery center when supervised by a podiatrist?
A: No. This is not one of the approved locations where a podiatrist can administer general anesthesia under ORC § 4731.51. CRNAs, if supervised by a podiatrist, are limited to the supervising podiatrist's scope of practice. Per 4723.43(B)(3), ORC, when a certified registered nurse anesthetist is supervised by a podiatrist, the nurse's scope of practice is limited to the anesthesia procedures that the podiatrist has the authority under section 4731.51 of the Revised Code to perform. 4731.51, ORC, states general anesthetics may be used podiatrist only in (1) colleges of podiatric medicine and surgery in good standing with the state medical board; or (2) in hospitals approved by the joint commission or the American osteopathic association.

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Therefore, although podiatrists are permitted to perform surgeries at ambulatory surgical facilities under OAC 4731-20-02, they are not permitted to administer general anesthesia at ambulatory surgical facilities, and in turn, CRNAs are also not permitted to perform general anesthesia at ambulatory surgical facilities while under the supervision of a podiatrist.

Pronouncing Death

Q: May a Nurse Practitioner pronounce death in patients?
A: Section 4723.36(A), ORC, effective March 20, 2025, states a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist may determine and pronounce an individual's death. See also Ohio Medical Board Rule 4731-14-01, OAC, "Pronouncement of 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/nursing-regulation/practice/aprn.page.

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.

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