APRN Licensure and Practice in Ohio

The purpose of this document is to provide licensees and the public an overview of license and practice requirements for APRNs established in 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/.

Designations of APRNs in Ohio

APRNs in Ohio may be designated as a: Certified Registered Nurse Anesthetist (CRNA); Certified Nurse-Midwife (CNM); Clinical Nurse Specialist (CNS); or Certified Nurse Practitioner (CNP). A separate APRN license is required for each designation. A RN may hold one or more APRN license designations.

Definitions

"Nursing specialty" is defined by Section 4723.01(V), ORC, and Rule 4723-8-01(G), OAC, to mean a specialty in practice as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner. (Emphasis added.)

"Practice of nursing as an advanced practice registered nurse" is defined by Section 4723.01(P), ORC, and Rule 4723-8-01(F), OAC, to mean providing to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education, training and clinical experience. Such nursing care includes the care described in Sections 4723.43, 4723.433, 4723.434, and 4723.435 of the Revised Code.

APRN Licensure

The NPA establishes minimum requirements for APRN initial and continued licensure. The following summarizes the requirements for initial APRN licensure:

- An active Ohio RN license, which includes either an Ohio single-state RN license, or a multistate RN license (MSL) issued by any state that is a member of the Nurse Licensure Compact.
- As of January 1, 2001, an earned masters or doctoral degree with a major in a nursing specialty (nursing specialty equates to the applicable resulting national certification achieved) or in a related field that qualifies the nurse to sit for the certification examination of a national certifying organization approved by the Board.
- As of January 1, 2001, a minimum of one current national certification in a nursing specialty/population focus by a national certifying organization approved by the Board that qualifies the nurse for the APRN designation and license.

- For CNMs, CNSs and CNPs, proof of completion of a course that is not less than 45 contact hours in advanced pharmacology with content that meets Section 4723.482(B), ORC. The course must be completed no longer than five years prior to submitting the application for APRN licensure. Not all advanced pharmacology courses contain the content required by Section 4723.482(B), ORC, which may be completed through qualifying continuing education to meet the requirements for licensure.
- For CNM, CNS and CNP applicants from another jurisdiction, proof of prescriptive authority in another jurisdiction and completion of a two-hour course in Ohio prescribing law.
- Submission of a complete APRN license application with accompanying fees.

The following summarizes requirements for APRN license renewal:

- Documentation that qualifying national certification has been maintained, with exception of grandfathered CNSs.
- Ohio single-state or MSL RN license is active.
- CE requirements have been or will be met by the renewal deadline. A complete APRN renewal application with fee payment has been submitted, which includes, for CNMs, CNSs, and CNPs, the names/business addresses of collaborating physician or podiatrist(s), by the renewal deadline.

APRN Education Programs are not Regulated by the Board

- The Board does not regulate nursing education programs that prepare RNs for APRN licensure in Ohio, nor does the Board maintain a list of APRN education programs.
- The APRN program completed must qualify the applicant to sit for the certification examination of a national certifying organization approved by the Board.
- Questions or concerns regarding an APRN education program should be addressed to the accrediting agency or the Ohio Department of Higher Education.

Approved National Certifying Organizations

- Each year in accordance with Section 4723.46, ORC, and Rule 4723-8-06, OAC, the Board approves National Certifying Organizations.
- One of the criteria for Board approval is that the organization has testing requirements that measure the theoretical and clinical content of a nursing specialty that are developed in accordance with accepted standards of validity and reliability, and that the testing is open to RNs who have successfully completed the APRN program required by the specific national certifying organization.
- The Board's list of approved National Certifying Organizations is published and available on the Board of Nursing website.

Certifying Examinations and National Certifications Issued by the Board Approved National Certifying Organization

- National Certifying Organizations administer and maintain the national certifying examinations required for APRN licensure and licensure maintenance.
- The National Certifying Organization establishes criteria that must be met for an APRN to re-certify and maintain their national certification. APRNs must contact the National Certifying Organization for its initial certification and re-certification requirements.
- The resulting national certification(s) reflects the APRN's nursing specialty in practice as a CRNA, CNS, CNM or CNP.
- It is the APRN or APRN applicant's responsibility to contact the National Certifying Organization and request their national certification documentation and recertification documentation be sent directly to the Board.

NPA and Rules Define APRN Scope of Practice

- Sections 4723.43, and 4723.433, 4723.434, and 4723.435, ORC, define the scope of practice of each APRN designation (CNM, CNS, CNP and CRNA) including practice limitations and prescriptive authority.
- Additional sections of the NPA and Administrative Rules (ORC Sections: 4723.431, 4723.481; 4723.483; 4723.488; 4723.50; and Chapter 4723-9, OAC) specify requirements and parameters of prescriptive authority, including limitations on issuing prescriptions for schedule II controlled substances, and use of opioids to treat acute and subacute and chronic pain.
- Rule 4723-8-02, OAC, Standards of practice, states that an APRN shall provide to patients nursing care that requires knowledge and skill obtained from advanced formal education, which includes a clinical practicum, and clinical experience as specified in Sections 4723.41, 4723.43 and 4723.482, ORC and this chapter. Each APRN shall practice in accordance with (1) the APRN's education and clinical experience; (2) national certification as provided in section 4723.41 of the Revised Code; and (3) Chapter 4723, ORC and rules adopted under that chapter.
- Rule 4723-8-01(F), OAC, defines "Practice of nursing as an advanced practice registered nurse" as "providing to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education, training and clinical experience. Such nursing care includes the care described in section 4723.43 of the Revised Code."

CRNA Scope of Practice, Sections 4723.43(B), 4723.433, 4723.434, and 4723.435, ORC.

- CRNAs have a supervised practice and do not practice under a standard care arrangement.

- With the supervision and in the immediate presence of a physician, podiatrist, or dentist, a CRNA may administer anesthesia and perform anesthesia induction, maintenance, and emergence and may perform with supervision pre-anesthetic 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.
- There are specific limitations regarding anesthesia care by a CRNA when supervised by a dentist or podiatrist.
- During the time period that begins on a patient's admission for a surgery or procedure to a health care facility where the certified registered nurse anesthetist practices and ends with the patient's discharge from recovery, a CRNA under the conditions established in Section 4723.434, ORC, may provide orders to registered nurses, licensed practical nurses and respiratory therapists to administer medications and treatments to the patient. A written policy adopted by a health care facility as described in section 4723.434, ORC, shall establish standards and procedures to be followed by certified registered nurse anesthetists when directing registered nurses, licensed practical nurses, and respiratory therapists to provide supportive care, including monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids; and, to administer treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia.
- When performing clinical support functions as authorized by section 4723.43, ORC, a certified registered nurse anesthetist may direct a registered nurse, licensed practical nurse, or respiratory therapist to provide supportive care, including monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids, if the nurse or therapist is authorized by law to provide such care. In addition, the certified registered nurse anesthetist may direct the nurse or therapist to administer treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia if the nurse or therapist is authorized by law to administer treatments, drugs, and intravenous fluids and a physician, podiatrist, or dentist ordered the treatments, drugs, and intravenous fluids.
- CRNAs are not authorized to prescribe a drug for use outside of the health care facility where the nurse practices.

National Certifying Organization and Certifying Examination for CRNAs

- National Board of Certification and Recertification of Nurse Anesthetists

CNM Scope of Practice, Section 4723.43(A), **ORC**

- CNM practice requires a written standard care arrangement (SCA) with a qualified collaborating physician. Section 4723.431, ORC.
- A CNM may 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. CNMs provide for immediate newborn care.

- CNMs are prohibited from performing version, delivering breech or face presentations, using forceps or doing any obstetric operation, or treating any abnormal condition except in emergencies.
- A CNM may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices.

National Certifying Organization and Certifying Examination for CNMs

- American Midwifery Certification Board

CNS Scope of Practice, Section 4723.43(D), **ORC**

- CNS practice requires a written SCA with a qualified collaborating physician or podiatrist. Section 4723.431, ORC.
- A CNS may provide and manage the care of individuals and groups with complex health problems and provide health care services that promote, improve, and manage health care within the nurse's nursing specialty, consistent with the nurse's education and in accordance with rules adopted by the Board.
- A CNS in collaboration with one or more physicians may prescribe drugs and therapeutic devices. When collaborating with a podiatrist, the CNS's scope of practice is limited to the procedures that the podiatrist has authority to perform under Section 4731.51, ORC.

National Certifying Organizations for CNSs

- American Association of Critical-Care Nurses Certification Corporation (AACN)
- American Nurses Credentialing Center (ANCC)

Currently Available National Certification Examinations for CNSs (Each CNS certification validates condition ranges from wellness through acute care)

- Adult-Gerontology (AACN; ANCC)
- Pediatrics (AACN)
- Neonatal (AACN)
- PMHNS (ANCC)

CNP Scope of Practice, Section 4723.43(C), **ORC**

- CNP practice requires a written SCA with a qualified collaborating physician or podiatrist. Section 4723.431, ORC.
- CNPs may provide preventive and primary care services, provide services for acute illnesses, and evaluate and promote patient wellness, consistent with the CNP's advanced formal education, training, and clinical experience, in their population focus, national certification, and in accordance with rules adopted by the Board.

- A CNP may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices. When collaborating with a podiatrist, the CNP's scope of practice is limited to the procedures that the podiatrist has authority to perform under Section 4731.51, ORC.

National Certifying Organizations for CNPs

- American Association of Nurse Practitioners Certification Board
- American Association of Critical-Care Nurses Certification Corporation
- American Nurses Credentialing Center
- National Certification Corporation
- Pediatric Nursing Certification Board

Currently Available National Certification Examinations for CNPs

- Family Across the Lifespan (ANCC; AANPCB)
- Adult-Gerontology Acute Care (ANCC; AACN) *
- Adult-Gerontology Primary Care (ANCC; AANPCB) *
- Pediatric Acute Care (PNCB)*
- Pediatric Primary Care (PNCB)
- Neonatal (NCC)
- Women's Health Care (NCC)
- Psychiatric/Mental Health Across the Lifespan (ANCC; AANPCB)

*These are distinct, separate examinations for the population specific to the particular national certification. If a program prepares an individual to practice both acute and primary care in pediatrics or in adult-gerontology, both the primary and acute care national certifications must be obtained and maintained for authorized practice in acute care and primary care. (Section 4723.43(C), ORC)

Prescriptive Authority for CNMs, CNSs and CNPs

APRNs designated as CNMs, CNSs and CNPs are authorized to prescribe. Section 4723.481, ORC. The general guidance below regarding prescriptive authority is not inclusive of all requirements.

- Prescribing must be in accordance with the Exclusionary Formulary set forth in Rule 4723-9-10(B), OAC.
- When issuing a prescription, APRNs must comply with the state and federal prescribing law and rules, including those adopted by the State of Ohio Board of Pharmacy, DEA, and Ohio State Medical Board (see Rules 4723-9-10, 4723-8-02(D), OAC).
- APRNs must register with OARRS and obtain and review OARRS reports as required by Rule 4723-9-12, OAC.

- Prescribing must be consistent with the APRN's scope of practice, national certification, SCA, standards of practice, and the prescriptive authority of the collaborating physician. Section 4723.481, ORC, Rule 4723-9-10, OAC.
- A collaborating physician may not collaborate with more than five APRNs at the same time in the prescribing component of their practices. Section 4723.431, ORC.
- APRNs may prescribe a schedule II controlled substance only if: the patient has a terminal condition as defined in Section 2133.01, ORC, a physician has previously prescribed the schedule II medication, and the supply does not exceed 72 hours. Section 4723.481(C)(1), ORC. Exceptions to this apply only if the APRN issues the prescription from one of the locations listed in Section 4723.481(C)(2), ORC.
- APRNs are limited in their prescribing of opioid analgesics to treat acute pain, sub-acute pain and chronic pain. Rule 4723-9-10, OAC.
- Rules 4723-9-13 and 4723-9-14, OAC, establish requirements for APRNs who provide medication assisted treatment and withdrawal management, including additional requirements regarding the qualifications of the physician with whom the APRN may enter into a SCA.
- APRNs may provide or furnish drugs to up to two sexual partners of a patient diagnosed with chlamydia, gonorrhea, or trichomoniasis. Section 4723.4810, ORC.
- APRNs are prohibited from prescribing any drug or device to perform or induce an abortion, or to otherwise perform or induce an abortion. Section 4723.151(C), ORC. See Section 2919.11, ORC. "Abortion defined. As used in the Revised Code, "abortion" means the purposeful termination of a human pregnancy by any person, including the pregnant woman herself, with an intention other than to produce a live birth or to remove a dead fetus or embryo. Abortion is the practice of medicine or surgery for the purposes of section 4731.41 of the Revised Code."

Standard Care Arrangements

CNSs and CNPs are required to enter into a SCA with a collaborating physician or podiatrist and a CNM must enter into a SCA with a collaborating physician.

- Collaborating physicians must be authorized to practice in Ohio and, with the exception of CNPs and CNSs with national certification in Psychiatric-Mental Health by ANCC, must be practicing in a specialty that is the same as or similar to the nurse's nursing specialty. The collaborating physician for CNPs and CNSs certified in Psychiatric-Mental Health must be practicing in psychiatry, pediatrics, or primary care or family practice. Section 4723.431, ORC. If an APRN provides medication-assisted treatment or withdrawal management, pursuant to Rules 4723-9-13 and 4723-9-14, OAC, the treatment or management must be within the collaborating physician's normal course of practice.
- SCAs must meet all criteria specified in Section 4723.431, ORC and Rule 4723-8-04, OAC.
- When the SCA is modified reapproval of the SCA by the parties is required.

- In the event a physician or podiatrist terminates their collaborative relationship with an APRN before the SCA expires, or the collaboration is terminated due to the death of the physician or podiatrist, the APRN is responsible to report the termination or death to the Board. The APRN may then practice for up to 120 days under the terms of the SCA without a collaborating physician or podiatrist.

Practice Parameters

- The APRN scope of practice is specified in Section 4723.43, ORC.
    - The statutory definition of CNM practice 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, which includes immediate newborn care, and in accordance with rules adopted by the Board.
        - Although a CNM's education and national certification may address a CNM providing newborn care for up to 28 days, and performing circumcision, this practice is not authorized by Section 4723.43(A), ORC. National certification cannot expand the CNM's scope from that specified in Ohio law.
    - A CNS provides and manages the care of individuals and groups with complex health problems and provides health care services that promote, improve, and manage health care within the nurse's nursing specialty, consistent with the nurse's education.
        - A CNS whose graduate program prepared the CNS as a pediatric CNS may manage, for example, pediatric patients with cystic fibrosis in both their optimum state of health and in conditions of high acuity.
    - The CNP scope of practice states the CNP may provide preventive and primary care services, provide services for acute illnesses, and evaluate and promote patient wellness within the nurse's specialty, consistent with the nurse's education and certification.
        - A CNP whose education and national certification is in Women's Health Care is authorized to provide preventive and primary care services, provide services for acute illnesses, and evaluate and promote patient wellness "consistent with" the specialty practice that is outlined in the Women's Health Care national certification.
        - A CNP whose national certification is Pediatric Acute Care would practice "consistent with" the population focus or nursing specialty practice that is outlined in that specific certification. It would be the same for CNPs with national certification in Adult-Gerontology Primary Care, and with the other national certifications listed above for CNPs.
- A CNM, CNS and CNP may delegate the authority to administer medication to an unlicensed individual pursuant to Section 4723.489, ORC. The drug to be

administered cannot be for IV administration nor can it be a controlled substance. The delegation cannot occur 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.

- Each CNM, CNS, and CNP is required to utilize and incorporate into their practice, knowledge of the Medical Practice Act (Chapter 4731, ORC) and the rules adopted thereunder by the Ohio State Medical Board that govern the practice of the APRN's collaborating physician or podiatrist.
- A CRNA is required to utilize and incorporate into their practice knowledge of the Dental Practice Act (Chapter 4715, ORC) and the Medical Practice Act (Chapter 4731, ORC) and administrative rules that govern the CRNA's supervising physician's, podiatrist's or dentist's practice.
- APRNs must comply with the standards related to competent practice as a CNM, CNP, CRNA, or CNS. Rule 4723-4-05, OAC.