

Transition to Full Practice Periods in Nurse Practitioner Full Practice Authority States			
State	Transition to Full Practice Period?	State	Transition to Full Practice Period?
AK	None	MN	Yes: regulated collaborative relationship with either an APRN or physician Timeline: 2,080 hours
AZ	None	NE	Yes: regulated relationship with either a physician or NP Timeline: 2,000 hours
CO	Yes: regulated collaborative relationship with either physician or APN Timeline: 1,000 hours	NV	Yes: regulated relationship with physician, only for prescribing Schedule II agents Timeline: 2,000 hours or 2 years
CT	Yes: regulated collaborative relationship with physician Timeline: 2,000 hours & 3 years	NH	None
DC	None	NM	None
HI	None	ND	None
ID	None	OR	None
IA	None	RI	None
ME	Yes: regulated collaborative relationship with either a NP or physician, or a hospital that has a physician medical director. Timeline: 24 months	SD	Yes: regulated collaborative relationship with either a CNM, CNP, or physician Timeline: 1,040 hours
MD	Yes: regulated collaborative relationship with a physician or NP Timeline: 18 months	VT	Yes: regulated collaborative relationship with either an APRN or physician Timeline: 2,400 hours & 2 years
MT	None	WA	None

Source: State Nurse Practice Acts and Regulations. April 7, 2017

Specific Language

- Colorado:
 - Once the provisional prescriptive authority is granted, the advanced practice nurse must obtain one thousand hours of documented experience in a mutually structured prescribing mentorship either with a physician or an advanced practice nurse who has full prescriptive authority and experience in prescribing medications. The mentor must be practicing in Colorado and have education, training, experience, and an active practice that corresponds with the role and population focus of the advanced practice nurse. C.R.S.A. § 12-38-111.6
- Connecticut:
 - (2) An advanced practice registered nurse having been issued a license pursuant to section 20-94a shall, for the first three years after having been issued such license, collaborate with a physician licensed to practice medicine in this state. In all settings, such advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state, prescribe, dispense and administer medical therapeutics and corrective measures and may request, sign for, receive and dispense drugs in the form of professional samples in accordance with sections 20-14c to 20-14e, inclusive, except such advanced practice registered nurse licensed pursuant to section

20-94a and maintaining current certification from the American Association of Nurse Anesthetists who is prescribing and administering medical therapeutics during surgery may only do so if the physician who is medically directing the prescriptive activity is physically present in the institution, clinic or other setting where the surgery is being performed. For purposes of this subdivision, "collaboration" means a mutually agreed upon relationship between such advanced practice registered nurse and a physician who is educated, trained or has relevant experience that is related to the work of such advanced practice registered nurse. The collaboration shall address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of such advanced practice registered nurse, a method to review patient outcomes and a method of disclosure of the relationship to the patient. Relative to the exercise of prescriptive authority, the collaboration between such advanced practice registered nurse and a physician shall be in writing and shall address the level of schedule II and III controlled substances that such advanced practice registered nurse may prescribe and provide a method to review patient outcomes, including, but not limited to, the review of medical therapeutics, corrective measures, laboratory tests and other diagnostic procedures that such advanced practice registered nurse may prescribe, dispense and administer.

(3) An advanced practice registered nurse having (A) been issued a license pursuant to section 20-94a, (B) maintained such license for a period of not less than three years, and (C) engaged in the performance of advanced practice level nursing activities in collaboration with a physician for a period of not less than three years and not less than two thousand hours in accordance with the provisions of subdivision (2) of this subsection, may, thereafter, alone or in collaboration with a physician or another health care provider licensed to practice in this state: (i) Perform the acts of diagnosis and treatment of alterations in health status, as described in subsection (a) of this section; and (ii) prescribe, dispense and administer medical therapeutics and corrective measures and dispense drugs in the form of professional samples as described in subdivision (2) of this subsection in all settings. Any advanced practice registered nurse electing to practice not in collaboration with a physician in accordance with the provisions of this subdivision shall maintain documentation of having engaged in the performance of advanced practice level nursing activities in collaboration with a physician for a period of not less than three years and not less than two thousand hours. Such advanced practice registered nurse shall maintain such documentation for a period of not less than three years after completing such requirements and shall submit such documentation to the Department of Public Health for inspection not later than forty-five days after a request made by the department for such documentation. Any such advanced practice registered nurse shall submit written notice to the Commissioner of Public Health of his or her intention to practice without collaboration with a physician after completing the requirements described in this subdivision and prior to beginning such practice. Not later than December first, annually, the Commissioner of Public Health shall publish on the department's Internet web site a list of such advanced practice registered nurses who are authorized to practice not in collaboration with a physician. Conn. Gen. Stat. Ann. § 20-87a

- Maine:

- A certified nurse practitioner who qualifies as an advanced practice registered nurse must practice, for at least 24 months, under the supervision of a licensed physician or a supervising nurse practitioner or must be employed by a clinic or that has a medical director who is a licensed physician. The certified nurse practitioner shall submit written evidence to the board upon completion of the required clinical experience. 32 M.R.S.A. § 2102
- Maryland:
 - (J) “MENTOR” MEANS A CERTIFIED NURSE PRACTITIONER OR A LICENSED PHYSICIAN:
 - (1) WHO HAS 3 OR MORE YEARS OF CLINICAL PRACTICE EXPERIENCE; AND
 - (2) WITH WHOM AN INDIVIDUAL APPLYING FOR CERTIFICATION AS A CERTIFIED NURSE PRACTITIONER WILL CONSULT AND COLLABORATE WITH AS NEEDED IN ACCORDANCE WITH § 8–302(B)(5)(I) OF THIS TITLE. MD Code, Health Occupations, § 8-101
 - (5) (I) AN APPLICANT FOR INITIAL CERTIFICATION AS A NURSE PRACTITIONER WHO HAS NOT BEEN CERTIFIED BY THE BOARD OR ANY OTHER BOARD OF NURSING SHALL IDENTIFY ON THE APPLICATION FOR CERTIFICATION A MENTOR WHO WILL CONSULT AND COLLABORATE WITH THE APPLICANT FOR 18 MONTHS BEGINNING ON THE DATE THE APPLICATION FOR CERTIFICATION IS RECEIVED BY THE BOARD. MD Code, Health Occupations, § 8-302
- Minnesota:
 - A nurse practitioner or clinical nurse specialist who qualifies for licensure as an advanced practice registered nurse must practice for at least 2,080 hours, within the context of a collaborative agreement, within a hospital or integrated clinical setting where advanced practice registered nurses and physicians work together to provide patient care. The nurse practitioner or clinical nurse specialist shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. For purposes of this subdivision, a collaborative agreement is a mutually agreed upon plan for the overall working relationship between a nurse practitioner or clinical nurse specialist, and one or more physicians licensed under chapter 147, or one or more advanced practice registered nurses licensed under this section that designates the scope of collaboration necessary to manage the care of patients. The nurse practitioner or clinical nurse specialist, and one of the collaborating physicians or advanced practice registered nurses, must have experience in providing care to patients with the same or similar medical problems. MSA 148.211
- Nebraska:
 - Transition-to-practice agreement means a collaborative agreement between a nurse practitioner and a supervising provider which provides for the delivery of health care through a collaborative practice and which meets the requirements of section 38-2322. Neb.Rev.St. § 38-2310
 - (2) In order to practice as a nurse practitioner in this state, an individual who holds or has held a license as a nurse practitioner in this state or in another state shall submit to the department a transition-to practice agreement or evidence of completion of two thousand hours of practice as a nurse practitioner which have been completed under a transition-to practice agreement, under a collaborative agreement, under an integrated practice agreement, through independent practice, or under any combination of such agreements and practice, as allowed in this state or another state.

(3)(a) A transition-to-practice agreement shall be a formal written agreement that provides that the nurse practitioner and the supervising provider practice collaboratively within the framework of their respective scopes of practice.

(b) The nurse practitioner and the supervising provider shall each be responsible for his or her individual decisions in managing the health care of patients through consultation, collaboration, and referral. The nurse practitioner and the supervising provider shall have joint responsibility for the delivery of health care to a patient based upon the scope of practice of the nurse practitioner and the supervising provider. (c) The supervising provider shall be responsible for supervision of the nurse practitioner to ensure the quality of health care provided to patients. (d) In order for a nurse practitioner to be a supervising provider for purposes of a transition-to-practice agreement, the nurse practitioner shall submit to the department evidence of completion of ten thousand hours of practice as a nurse practitioner which have been completed under a transition to-practice agreement, under a collaborative agreement, under an integrated practice agreement, through independent practice, or under any combination of such agreements or practice, as allowed in this state or another state.

(4) For purposes of this section: (a) Supervising provider means a physician, osteopathic physician, or nurse practitioner licensed and practicing in Nebraska and practicing in the same practice specialty, related specialty, or field of practice as the nurse practitioner being supervised; and (b) Supervision means the ready availability of the supervising provider for consultation and direction of the activities of the nurse practitioner being supervised within such nurse practitioner's defined scope of practice. Neb.Rev.St. § 38-2322

- Nevada:
 - An advanced practice registered nurse who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices pursuant to NRS 639.2351 shall not prescribe a controlled substance listed in schedule II unless: (a) The advanced practice registered nurse has at least 2 years or 2,000 hours of clinical experience; or (b) The controlled substance is prescribed pursuant to a protocol approved by a collaborating physician. NRS 632.237
- South Dakota:
 - 36-9A-4 No person may be licensed to practice as a certified nurse practitioner or certified nurse midwife unless the person: (4) Has completed a minimum of one thousand forty practice hours as a licensed certified nurse practitioner or certified nurse midwife; or (5) Has a written collaborative agreement with a physician, licensed pursuant to chapter 36-4, or a certified nurse practitioner or certified nurse midwife licensed under this chapter, to meet the one thousand forty hour practice requirement.
- Vermont:
 - (a) Graduates with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice in an initial role and population focus or fewer than 12 months and 1,600 hours for any additional role and population focus shall have a formal agreement with a collaborating provider as required by board rule. APRNs shall have and maintain signed and dated copies of all required collaborative provider agreements as part of the practice guidelines. An APRN required to practice with a collaborative provider

agreement may not engage in solo practice, except with regard to a role and population focus in which the APRN has met the requirements of this subsection. (b) An APRN who satisfies the requirements to engage in solo practice pursuant to subsection (a) of this section shall notify the board that these requirements have been met. 26 V.S.A. § 1613

CONFIDENTIAL