

## DEPARTMENT OF REGULATORY AGENCIES

### Division of Professions and Occupations - State Board of Nursing

## NURSING RULES AND REGULATIONS

### 3 CCR 716-1

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### 1.14 RULES AND REGULATIONS TO REGISTER PROFESSIONAL NURSES QUALIFIED TO ENGAGE IN ADVANCED PRACTICE REGISTERED NURSING

- A. BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing ("Board") is set forth in sections 12-20-202(3), 12-20-204(1), 12-255-107(1)(e) and (j), 12-255-111, and 12-255-113, C.R.S.
- B. PURPOSE:** These Rules are adopted to implement the Board's authority to register professional nurses qualified to engage in Advanced Practice Registered Nursing and are further adopted to set forth the requirements and procedures for being so registered.
- C. DEFINITIONS**
1. Accrediting Body: Any organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards and is a National Nursing Accreditation Agency that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA).
  2. Advanced Practice Registered Nurse (APRN): A master's prepared nurse holding a graduate degree in advanced practice registered nursing who has completed a graduate or post-graduate program of study in an advanced practice Role and/or Population Focus, in an accredited advanced practice registered nursing program and has been recognized and included on the Advanced Practice Registry (APR) by the Board. APRN Roles recognized by the Board are nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM) and clinical nurse specialist (CNS). A nurse seeking recognition as an APRN must be academically prepared for the expanded scope of practice described as Advanced Practice Registered Nursing.
  3. Advanced Practice Registered Nursing: The expanded scope of nursing practice in an advanced Role and/or Population Focus approved by the Board.
  4. Advanced Practice Registry (APR): The Board's registry of those professional nurses who apply for, and meet the criteria for inclusion as established in accordance with section 12-255-111, C.R.S., and Rule 1.14.
  5. Applicant: A professional nurse seeking inclusion on the APR as an APRN.
  6. Board: The State Board of Nursing.

7. Certifying Body: A non-governmental agency approved by the Board that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.
8. Client: A person receiving nursing care.
9. Independent Practice: The practice of advanced practice registered nursing as defined in section 12-255-104(8), C.R.S. for which the APRN is solely responsible and performs on his/her own initiative, and which occurs in a setting for which no exception as set forth in Section (E)(2) of Rule 1.14 applies.
10. Population Focus: A broad, population-based focus of study encompassing the common problems of that group of patients and the likely co-morbidities, interventions and response to those problems. Examples include, but are not limited to: Neonatal, Pediatric, Women's Health, Adult, Family, Mental Health, etc. A Population Focus is not defined as a specific disease/health problem or specific intervention.
11. Role: The advanced practice area or position for which the professional nurse has been prepared; Nurse Practitioner (NP) Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM) and Clinical Nurse Specialist (CNS).
12. Unencumbered: No pending disciplinary action or current restriction to practice in the state of Colorado.

**D. REQUIREMENTS FOR INCLUSION ON THE ADVANCED PRACTICE REGISTRY**

1. A professional nurse may request inclusion on the APR by original registration or by endorsement.
2. Applicants must possess an active, unencumbered Colorado or multi-state compact professional nurse license.
3. Submit an APR application in a manner approved by the Board.
4. Original registration
  - a. Educational Requirements: The successful completion of a graduate or post-graduate nursing degree in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks inclusion on the APR. Verification of educational requirements shall be evidenced by receipt of either an official transcript from a graduate or post-graduate APRN program accredited by a nursing Accrediting Body, or by proof of a current national certification from a nationally recognized accrediting agency, as approved by the Board, in the appropriate role and population focus the applicant intends to practice. The transcript shall verify date of graduation, credential conferred, and Population Focus of the program.
  - b. Certification Requirements
    - (1) Certification requirements for Certified Registered Nurse Anesthetist (CRNA): A CRNA must pass the national certification examination as

administered by the Council on Certification of Nurse Anesthetists. Verification of current certification or recertification from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists, as may be appropriate, shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.

- (2) Certification Requirements for Certified Nurse-Midwife (CNM): A CNM must meet the standards for education and certification established by the American College of Nurse-Midwives American Midwifery Certification Board (AMCB) formerly known as ACNM Certification Council (ACC, Inc.). Verification of current AMCB certification shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.
- (3) Certification requirements for Nurse Practitioner (NP): A NP must meet the standards for education and certification established by a national certifying body approved by the Board. Verification of current certification or recertification, as may be appropriate, shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.
- (4) Certification requirements for Clinical Nurse Specialist (CNS): A CNS must meet the standards for education and certification established by a national certifying body approved by the Board. Verification of current certification or recertification, as may be appropriate, shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.

5. Registration by Endorsement

- a. Pursuant to the Occupational Credential Portability Program under section 12-20-202(3), C.R.S., a professional nurse is entitled to be included on the advanced practice registry by endorsement if:

- (1) The professional is currently in the advanced practice registry or is recognized as an advanced practice nurse in good standing in another state or US territory or through the federal government, or holds a military occupational specialty, as defined in section 24-4-201, C.R.S., and has submitted satisfactory proof under penalty of perjury that:
  - (a) The professional nurse
    - (i) Has substantially equivalent experience or credentials that are required by Article 255 of Title 12 C.R.S.; or
    - (ii) Has held for at least one year a current and valid registration or recognition as an advanced practice nurse in another jurisdiction with a scope of practice that is

substantially similar to the scope of practice for advanced practice nurses as specified in Article 255 of Title 12, C.R.S., and these Rules

- (b) The professional nurse has not committed an act that would be grounds for disciplinary action under Article 255 of Title 12, C.R.S.

(2) The Board may deny inclusion in the registry if:

- (b) The Board demonstrates by a preponderance of evidence, after notice and opportunity for a hearing that the professional nurse:
  - (i) Lacks the requisite substantially equivalent education, experience, or credentials for a inclusion in the registry; or
  - (ii) Has committed an act that would be grounds for disciplinary action under Article 255 of Title 12, C.R.S.;

b. A professional nurse may be included on the advanced practice registry by endorsement if:

- (1) The professional nurse holds active national certification, as described in Section (D)(4)(d) above, in the Role and, where applicable, the Population Focus for which the Applicant seeks inclusion on the APR and possesses an appropriate graduate degree as determined by the board. Verification of current certification or recertification, as may be appropriate, shall be submitted by the applicant as part of the application process or in another manner approved by the Board.
- (2) For purposes of Section (D)(5)(a)(2) of Rule 1.14, an appropriate graduate degree requires verification evidenced by either receipt of an official transcript from a graduate or post-graduate Advanced Practice Registered Nursing program accredited by a nursing Accrediting body. Upon petition by the applicant, and with due consideration of the need to protect the public, the Board may accept an alternative graduate degree in support of endorsement under Section (D)(5)(a)(2) of Rule 1.14. It is anticipated that such alternative graduate degree will rarely be used. The decision to accept an alternative graduate degree is at the sole discretion of the Board.
- (3) Advanced practice credentials issued by the United States Military are deemed to be substantially equivalent to advanced practice authority in another state or jurisdiction.

6. Registration of Additional Population Focuses for Advanced Practice Registration

- a. Submit an APR application on the current Board approved form and submit required fees.

- b. Successful completion of a graduate or post-graduate nursing degree in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks inclusion on the APR. Verification of educational requirements shall be evidenced by either receipt of an official transcript from a graduate or post-graduate Advanced Practice Registered Nursing program accredited by a nursing Accrediting Body, or by proof of a current national certification from a nationally recognized accrediting agency, as approved by the Board, in the appropriate role and population focus the applicant intends to practice. The transcript shall verify date of graduation, credential conferred, and Population Focus of the program.
- c. Verification of active certification in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks inclusion on the APR shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.

**E. REQUIREMENTS FOR PROFESSIONAL LIABILITY INSURANCE**

- 1. Pursuant to the requirements of section 12-255-113(1), C.R.S., it is unlawful for any APRN engaged in an Independent Practice of professional nursing to practice within the state of Colorado unless the APRN purchases and maintains or is covered by professional liability insurance in an amount not less than five hundred thousand dollars per claim with an aggregate liability for all claims during the year of one million five hundred thousand dollars.
- 2. Pursuant to these rules, an APRN whose Independent Practice falls entirely within one or more of the following categories is exempt from the professional liability insurance requirements set forth in section 12-255-113, C.R.S.:
  - a. A federal civilian or military APRN whose practice is limited solely to that required by his or her federal/military agency.
  - b. An APRN who is covered by individual professional liability coverage (or an alternative which complies with section 12-255-113(1), C.R.S.) or liability insurance that is maintained by an employer/contracting agency in the amounts set forth in section 12-255-113(1), C.R.S.
  - c. An APRN who provides uncompensated health care; or
  - d. An APRN who practices as a public employee under the "Colorado Governmental Immunity Act, sections 24-10-101 to 118, C.R.S."
- 3. In order to establish eligibility for an exemption from the statutory financial responsibility requirements, an APRN must provide such information as may be requested by the Board.
- 4. Failure to maintain professional liability insurance pursuant to section 12-255-113, C.R.S. may be grounds for discipline pursuant to section 12-255-120(1)(aa), C.R.S.

**F. SCOPE OF ADVANCED PRACTICE REGISTERED NURSING**

1. An APRN shall practice in accordance with the standards of the appropriate national professional nursing organization and have a safe mechanism for consultation or collaboration with a physician or, when appropriate, referral to a physician. Advanced practice registered nursing also includes, when appropriate, referral to other health care providers.
2. The scope of Advanced Practice Registered Nursing is based on:
  - a. The professional nurse's scope of practice within the APRN's Role and Population Focus;
  - b. Graduate or post-graduate nursing education in the Role and/or Population Focus for which the APRN has been recognized by the Board for inclusion on the APR.
3. The scope of Advanced Practice Registered Nursing may include, but is not limited to: performing acts of advanced assessment, diagnosing, treating, prescribing, ordering, selecting, administering, and dispensing diagnostic and therapeutic measures.
4. Prescribing medication is not within the scope of practice of an APRN unless the APRN has applied for and been granted Prescriptive Authority by the Board.

**G. WITHDRAWAL OF ADVANCED PRACTICE REGISTRATION**

1. An APRN may request to voluntarily withdraw the nurse's registration as an APRN in each Role and/or Population Focus in which the nurse was granted inclusion on the APR by the Board.
2. The Board may withdraw an APRN's registration from the APR in one or more of the Roles/Specialties or Population Foci in which the APRN was granted recognition, if the APRN no longer meets the requirements for inclusion on the APR or the APRN is subject to discipline under section 12-255-120, C.R.S., in accordance with the procedures set forth in section 12-255-119, C.R.S.

**H. RENEWAL AND REINSTATEMENT OF ADVANCED PRACTICE REGISTRATION**

1. Renewal of an APRN's registration on the APR is required at the time of the APRN's Colorado professional nurse license renewal. Multi-state compact licensed professional nurses granted inclusion on the APR shall be required to renew their registration every two years and the registration shall be issued with a specific expiration date.
2. An APRN who has failed to timely renew the APRN registration may apply to reinstate such registration. The nurse shall submit an application on the current Board approved application forms, pay the current application fee, and submit required documentation as set forth in Section (D) of Rule 1.14 for each Role and/or Population Focus in which the applicant wishes to practice Advanced Practice Registered Nursing.
3. The Applicant may be required to demonstrate continued competency by:

- a. Meeting the requirements to maintain certification by a Certifying Body, or
  - b. Petitioning the Board with an alternative method of establishing competency.
4. Reinstatement of an APRN's registration following disciplinary action requires compliance with all requirements set forth in Section (D) of Rule 1.14 and any requirements set forth by the Board.
5. An APN who was included in the APR as of June 30, 2008, but had not successfully completed the educational requirements as set forth in section 12-255-111(3)(a), C.R.S., will meet the education requirements set forth in (D)(4)(a) or (D)(5)(b) of Rule 1.14.
6. An APN who was included in the APR as of June 30, 2010, has not obtained national certification as set forth in section 12-255-111(4)(b), C.R.S., will meet the certification requirements set forth in Section (D)(2) of Rule 1.14.

**I. DISCIPLINE OF ADVANCED PRACTICE REGISTERED NURSES**

1. APRN disciplinary procedures shall be the same as set forth in sections 12-255-119 and 12-255-120, C.R.S.

Adopted: April 28, 2010 5  
Effective: July 1, 2010  
Revised: July 26, 2017  
Effective: September 14, 2017  
Revised: October 27, 2021  
Effective: December 30, 2021

**1.15 RULES AND REGULATIONS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES**

- A. BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing ("Board") is set forth in sections 12-20-204(1), 12-255-107(1)(j), and 12-255-112, C.R.S., of the Colorado Revised Statutes (C.R.S.).
- B. PURPOSE:** Section 12-255-112(4), C.R.S. sets forth the legal requirements for an Advanced Practice Registered Nurse (APRN) to obtain prescriptive authority in Colorado. First, the APRN must obtain Provisional Prescriptive Authority. Generally, those requirements are:
  1. Completion of the appropriate graduate degree or post-graduate degree or certificate, as determined by the Board, in the advanced practice Role and, if applicable, Population Focus;
  2. Satisfactory completion of educational requirements, as determined by the Board, in the use of controlled substances and prescription drugs;
  3. National certification by a nationally recognized certifying body, as determined by the Board, in the Role and, if applicable, Population Focus of the APRN, unless the Board grants an exception; and

4. Completion of at least three years of combined clinical work experience as a professional nurse and/or as an APRN.

Upon receiving Provisional Prescriptive Authority, the APRN is legally authorized to prescribe medications and controlled substances schedules II-V to patients appropriate to the APRN's Role and, if applicable, Population Focus. Within three years of receiving Provisional Prescriptive Authority the APRN with Provisional Prescriptive Authority (hereinafter referred to as RXN-P) must:

5. Complete a 750 hour Mentorship with a Physician or an Advanced Practice Registered Nurse with Full Prescriptive Authority and experience in prescribing medications. The Physician or APRN shall have education, training, experience and a practice that corresponds with but need not be identical to the Role and, if applicable, Population Focus of the RXN-P.

If the RXN-P does not complete these additional requirements within three years of receiving Provisional Prescriptive Authority such authority will expire for failure to comply with statutory requirements.

The purpose of these Rules is to further clarify each of the statutory requirements, with the exception of professional liability insurance, which can be found in Rule 1.14 of the Board's Rules and Regulations. These Rules apply only to prescribing authority and should not be construed to govern other relationships between APRNs and health care providers in other situations.

## **C. DEFINITIONS**

1. Accrediting Agency: An organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards and is recognized by US Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), including the Commission on Collegiate Nursing Education (CCNE), Accreditation Commission for Education in Nursing (ACEN), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), and Accreditation Council for Midwifery Education.
2. Advanced Practice Registered Nurse (APRN): A professional nurse who meets the requirements of section 12-255-111, C.R.S., who obtained specialized education or training and is included on the Advanced Practice Registry.
3. Advanced Practice Registry (APR): The Board's record of those professional nurses who are granted APRN status by the Board in accordance with section 12-255-111, C.R.S. and Rule 1.14 of the Board's Rules and Regulations.
4. Applicant: An APRN seeking Provisional Prescriptive Authority in the same Role and, if applicable, Population Focus for which the APRN was recognized on the APR.
5. Board: The State Board of Nursing.
6. Certifying Body: A non-governmental agency approved by the Board that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined APRN Role and, if applicable, Population Focus.



7. Clinical Work Experience: Any relevant experience accumulated as a professional nurse or an advanced practice registered nurse, including paid or unpaid work experience, volunteer work, or student work. The gratuitous care of friends or members of the family is not included in Clinical Work Experience.
8. DEA: Drug Enforcement Administration.
9. Disciplinary Sanction: Any current restriction, limitation, encumbrance or condition on the Physician Mentor's medical license or on the RXN Mentor's nursing license, including confidential participation in peer health assistance or an alternative to discipline program authorized by the Mentor's licensing board.
10. Full Prescriptive Authority: The authority granted to the RXN to prescribe medications upon completion of the requirements set forth in Section (F)(2) of Rule 1.15.
11. Mentor: Physician Mentor: A person who holds a license to practice medicine in Colorado or a physician who is otherwise exempted from licensure pursuant to section 12-240-107(3)(i), C.R.S. The physician's license must be in good standing without Disciplinary Sanction as defined in Section (C)(9) of Rule 1.15. The Physician Mentor must be actively practicing medicine in the State of Colorado and shall have education, training, experience and a practice that corresponds with but need not be identical to the Role and, if applicable, Population Focus of the RXN-P. The Physician Mentor must also have an unrestricted DEA registration.
12. Mentor: RXN Mentor: A professional nurse who has met the qualifications for an APRN, is included on Colorado's APR, has Full Prescriptive Authority in Colorado, and has experience prescribing medications with full prescriptive authority preceding the beginning of the Mentorship. The RXN Mentor's nursing license must be without Disciplinary Sanction as defined in Section (C)(9) of Rule 1.15. The RXN Mentor shall have an active practice in Colorado and shall have education, training, experience and a practice that corresponds with, but need not be identical to, the Role and, if applicable, Population Focus of the RXN-P. The RXN Mentor must have an unrestricted DEA registration.
13. Mentorship: A formal, Mutually Structured relationship between the RXN-P as defined in Section (C)(23) of Rule 1.15, and the Physician Mentor or RXN Mentor to further the RXN-P's knowledge, skill, and experience in prescribing.
14. Mentorship Agreement: A mutually structured agreement documented in writing and signed by the RXN-P and the Mentor(s) which outlines a process and frequency for ongoing interaction and discussion of prescriptive practice throughout the Mentorship between the Mentor(s) and the RXN-P to assure safe prescribing practice.
15. Mutually Structured: Developed, implemented, and agreed upon by the RXN-P and the Mentor(s).

16. Pathophysiology: A minimum of three semester hours or four quarter hours completed either as part of a degree program or in addition to a degree program at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to the Role and, if applicable, Population Focus of the APRN, including but not limited to pathophysiologic processes of all body systems.
17. Pharmacology: A minimum of three semester credit hours or four quarter hours completed either as part of a degree program or in addition to a degree program at the graduate or post- graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to, but need not be identical to the Role and, if applicable, Population Focus of the APRN, including but not limited to the study of pharmacotherapeutics and pharmacokinetics of broad categories of pharmacological agents.
18. Physical Assessment: A minimum of three semester hours or four quarter hours completed either as part of a degree program or in addition to a degree program at the graduate or post- graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to the Role and, if applicable, Population Focus of the APRN including, but not limited to comprehensive history taking; physical and psychological assessment; pathophysiologic and psychopathologic status of the patient; and development of a clinical diagnosis and management plan.
19. Population Focus: A broad area of study encompassing the common problems of a specific group of patients and the likely co-morbidities, interventions and responses to those problems including, but not limited to, the following areas of practice: primary care across the life span, adults/geriatrics, pediatrics, neonates, women, acute care adults/geriatrics or pediatrics, psychiatry and mental health across the life span. A Population Focus is not defined as a specialty, specific disease, health problem or intervention.
20. Provisional Prescriptive Authority: The authority granted to the Applicant to prescribe medications within the Role and, if applicable, Population Focus of the APRN pursuant to Section (F)(1) and Section (J)(2) of Rule 1.15.
21. Role: The advanced practice area for which the Applicant has been prepared including nurse practitioner (NP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), and/or clinical nurse specialist (CNS).
22. RXN: An APRN who is listed on the APR and who has been granted Full Prescriptive Authority by the Board.
23. RXN Provisional (RXN-P): An APRN who is listed on the APR and who has been granted Provisional Prescriptive Authority by the Board.
24. Synchronous Communication: Real-time communication; existing or happening at the same time; occurring at the same moment of time; simultaneous. Synchronous Communication will be conducted in a secure manner to safeguard protected information. Synchronous Communication may include the use of electronic communication tools such as audio, web or video conferencing. Synchronous Communication does not include email communications.

25. Unencumbered: No current restriction to practice in the state of Colorado.

**D. EDUCATIONAL REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY**

1. An Applicant for prescriptive authority must have successfully completed an appropriate graduate degree or post-graduate degree or certification as determined by the Board in the Role and, if applicable, Population Focus for which the Applicant seeks prescriptive authority. Such coursework shall include a minimum of three graduate semester hours or four quarter hours, or the equivalent thereof, as determined by the Board, in each of the following: Pathophysiology, Pharmacology and Physical Assessment. The coursework in Pharmacology shall include education on prescribing drugs and controlled substances.
2. The transcript shall verify date of course completion, grade and credits awarded. Applicants may provide copies of course descriptions or course syllabi when the required coursework in Physical Assessment, Pathophysiology, and Pharmacology is integrated into broad categories of advanced practice courses or when course titles do not accurately reflect course content.
3. Letters of verification from the education program may be accepted as documentation for the educational requirements of Physical Assessment, Pathophysiology, and Pharmacology. Applicants may petition the Board on a case-by-case basis for a waiver. The decision to grant or deny such waiver shall be at the sole discretion of the Board.

**E. NATIONAL CERTIFICATION REQUIREMENT**

1. Pursuant to section 12-255-112(4)(a)(III), C.R.S., an APRN applying for prescriptive authority must obtain and maintain national certification from a recognized Certifying Body.
2. Certification requirements for Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS): A Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) must pass the national certification examination as administered by a Certifying Body in the Role and Population Focus for which the APRN is applying for prescriptive authority. Documentation required shall be verification of current certification or recertification from the Certifying Body, as approved by the Board.
3. Certification requirements for Certified Registered Nurse Anesthetist (CRNA): Certified Registered Nurse Anesthetist (CRNA) must pass the national certification examination as administered by the Council on Certification of Nurse Anesthetists. Documentation required shall be verification of current certification or recertification from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists, as approved by the Board.
4. Certification Requirements for Certified Nurse-Midwife (CNM): A Certified Nurse-Midwife must meet the standards for education and certification established by the American Midwifery Certification Board (AMCB). Documentation required shall be verification of status as a current holder of an AMCB certificate.

5. If the Applicant cannot meet the requirements for national certification, the Applicant may petition the Board for an exception. Exceptions will be reviewed on a case-by-case basis. The decision to grant or deny such exception shall be at the sole discretion of the Board.

**F. REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY**

1. Requirements for Provisional Prescriptive Authority.
  - a. Must apply in a manner approved by the Board;
  - b. Pay application fee;
  - c. Submit proof of an appropriate degree and satisfactory completion of education requirements as described in Section (D) of Rule 1.15;
  - d. Submit verification of National Certification as described in Section (E) of Rule 1.15, unless the Board grants an exception;
  - e. An attestation of having professional liability insurance pursuant to section 12-255-113, C.R.S., and Rule 1.14;
  - f. Submit verification of inclusion on the Advanced Practice Registry pursuant to section 12-255-111, C.R.S.;
  - g. An attestation stating the Applicant has completed at least three years of Clinical Work Experience, as defined in Section (C)(8) of Rule 1.15;
  - h. An attestation stating that the Applicant's Mentor(s) meets requirements in Section (C)(11) or (C)(12) of Rule 1.15; and
  - i. Has an active professional nurse and APRN license that is in good standing and without disciplinary sanctions or significant adverse prescribing as determined by the Board.
2. Requirements for Original Full Prescriptive Authority.
  - a. Submit an application in a manner approved by the Board which includes:
    - (1) An attestation of successful completion of 750 hours of experience in a Mentorship.
  - b. The application for Full Prescriptive Authority must be submitted within three years of being granted Provisional Prescriptive Authority or if applying under Section (J)(2) of Rule 1.15 within one year of being granted Provisional Prescriptive Authority.
    - (1) If the RXN-P cannot meet the requirements in Section (F)(2)(a) of Rule 1.15, the RXN-P may petition the Board for an exception to demonstrate

competence. Exceptions will be reviewed on a case-by-case basis. The decision to grant or deny such exception will be at the sole discretion of the Board.

3. Any application not completed within one year of the date of receipt of the application expires and will be purged.

**G. MENTORSHIP REQUIREMENTS**

1. To obtain Full Prescriptive Authority, the RXN-P must complete 750 hours of documented experience in a Mentorship. The Mentorship shall be conducted with either a Physician Mentor or RXN Mentor [hereinafter referred to as Mentor(s)] as defined in Sections (C)(11) and (C)(12) of Rule 1.15, respectively. The Mentorship must be completed within three years after Provisional Prescriptive Authority is granted.
  - a. For the nurse practitioner (NP) role, the mentorship hours must cover each of the competencies for the APRN's Population Focus as defined by the National Organization of Nurse Practitioner Faculties' Population-Focused Nurse Practitioner Competencies, which the Board incorporates by reference. The standards and regulations incorporated by reference may be examined at the State Board of Nursing, 1560 Broadway, Suite 1350, Denver, Colorado 80202, during normal business hours, Monday through Friday, except when such days are state holidays. Certified copies of the incorporated standards shall be provided at cost upon request. The Program Director or the Program Director's designee will provide information regarding how the incorporated standards and regulations may be examined at any state public depository library. The standards and regulations are also available from the agency, organization or association originally issuing the code, standard, guideline or rules as follows: for Adult-Gerontology Nurse Practitioners: <https://www.aacn.org/~media/aacn-website/certification/advanced-practice/adult-geroacnpcompetencies.pdf?la=en> (effective 2016), and for all other population foci: <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Population-Focused-NP-Competencies-2013.pdf> (effective 2013). This rule does not include any later amendments or editions of the code, standard, guideline, or rules.

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  - b. For the certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), and/or clinical nurse specialist (CNS) roles, the mentorship hours must cover the range of practice for the specific role.
  - c. This Section (G) does not apply to the RXN-P with prescriptive authority and at least 750 hours of prescribing experience in another state, US jurisdiction or United States military applying for Full Prescriptive Authority as set forth in Section (J)(2) of Rule 1.15.
2. The Mentorship Agreement shall contain the following elements:
  - a. Is documented in writing and signed by the RXN-P and the Mentor(s).
  - b. Outlines a process, documentation, and frequency for ongoing Synchronous Communication, interaction and discussion of prescriptive practice throughout the Mentorship between the Mentor(s) and the RXN-P to provide for safe prescribing practice.
3. The Mentorship Agreement shall be retained for a period of three years by the RXN and the Mentor(s) following completion of the Mentorship and shall be available to the Board upon request.
4. The RXN-P and the Mentor(s) shall provide documentation of the successful completion of the Mentorship as requested by the RXN-P to complete an application to obtain Full Prescriptive Authority. The Mentor(s) shall not, without good cause, withhold his/her signature or otherwise fail to attest to the completion of the Mentorship. Upon submission of the application and development of the Articulated Plan as set forth in Section (H) of Rule 1.15, the RXN- P may be granted Full Prescriptive Authority.
5. If a circumstance such as retirement, illness, relocation or other event precludes any Mentor from continuing in the Mentorship, the RXN-P shall secure a replacement Mentor and enter into a new, Mutually Structured Mentorship. Any hours accrued during the

period of time in which the RXN-P does not have a Mentor will not be credited toward completion of the 750 hour Mentorship.

6. The Mentor(s) shall not require payment or employment as a condition of entering into the mentor relationship. The Mentorship relationship should not be financially burdensome to either party. In recognition of the Mentor(s) time and expertise, reasonable expenses may be paid. Compensation by the RXN-P to the Mentor(s) should be agreed upon as part of the Mutually Structured Mentorship, shall comply with standards of fair market value, and shall not be onerous or otherwise present a barrier to completion of the Mentorship.

**H [Repealed eff. 10/28/2020]**

**I. OTHER REQUIREMENTS**

1. The RXN-P or RXN must hold a valid DEA registration to prescribe controlled substances, Schedule II through V, and must adhere to all DEA requirements.
2. Pursuant to section 12-255-112(7)(c)(II), C.R.S., nothing in Rule 1.15 shall be construed to require a registered nurse to obtain prescriptive authority to deliver anesthesia care.
3. Pursuant to section 12-255-112(9), C.R.S., nothing in Rule 1.15 shall be construed to permit dispensing or distribution, as defined in section 12-280-103(14) and (15), C.R.S., by the RXN, except for receiving and distributing a therapeutic regimen of prepackaged drugs prepared by a licensed pharmacist or drug manufacturer registered with the FDA and appropriately labeled, free samples supplied by a drug manufacturer, and distributing drugs for administration and use by other individuals as authorized by law.

**J. REQUIREMENTS FOR AN ADVANCED PRACTICE REGISTERED NURSE WITH PRESCRIPTIVE AUTHORITY IN ANOTHER STATE TO OBTAIN FULL PRESCRIPTIVE AUTHORITY IN COLORADO**

1. Applicants must submit an application in a manner approved by the Board.
2. Applicants must be actively listed on the Advanced Practice Registry in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks Prescriptive Authority.
3. Applicants must have Active Prescriptive Authority in another state or U.S. jurisdiction in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks Prescriptive Authority.
  - a. Prescriptive Authority credentials issued by the United States Military are deemed to be substantially equivalent to prescriptive authority in another state or jurisdiction.
4. Requirements to apply for Full Prescriptive Authority for applicants with prescriptive authority and at least 750 hours of documented experience prescribing medications in another state, U.S. jurisdiction, or U.S. military:

- a. Verification of prescriptive authority and 750 hours of documented experience prescribing medications, in another state, jurisdiction, or the U.S. military, in a manner approved by the Board. The acceptance of the documented hours of experience prescribing medications is at the sole discretion of the Board; and
- 5. Requirements to apply for Full Prescriptive Authority for applicants with prescriptive authority and less than 750 hours of documented experience prescribing medications in another state, jurisdiction, or the U.S. military:
  - a. Active Provisional Prescriptive Authority granted pursuant to Section (F)(1) of Rule 1.15.
  - b. Completion of the additional hours, up to at least 750 hours, of experience prescribing medications within a Mentorship as set forth in Section (G) of Rule 1.15.
  - c. Submission of an application for Full Prescriptive Authority within three years of obtaining Provisional Prescriptive Authority, providing evidence of the following:
    - (1) Verification of prescriptive authority and hours of documented experience prescribing medications, in another state, in a manner approved by the Board. The acceptance of the documented hours of experience prescribing medication is at the sole discretion of the Board; and
    - (2) Additional mentored prescribing hours, up to at least 750 hours, completed within a Mentorship in Colorado.
  - d. Upon petition by the applicant, and with due consideration of the need to protect the public, the Board may accept a substantially equivalent method of establishing the requirements set forth in this Section (J)(5) of Rule 1.15. It is anticipated that such alternative will rarely be used. The decision to accept such substantially equivalent method of establishing the requirements is at the sole discretion of the Board.

**K. REINSTATEMENT OF PRESCRIPTIVE AUTHORITY**

- 1. To apply for reinstatement of prescriptive authority the APRN must possess an active, Colorado or multi-state compact professional nurse license that is in good standing and without Disciplinary Sanction as defined in Section (C)(9), and have reinstated the Role and, if applicable, Population Focus on the APR for which the APRN wishes to reinstate Full Prescriptive Authority.
- 2. An APRN applying to reinstate Full Prescriptive Authority must complete the reinstatement application for Full Prescriptive Authority and meet the requirements as set forth in Sections (D), (E), (F) and (H) of Rule 1.15.



- a. If an APRN fails to meet the requirements as set forth in section 12-255-112, C.R.S., and the Provisional Prescriptive Authority expires by operation of law, the APRN must complete a new application for Provisional Prescriptive Authority and meet the current requirements as set forth in Sections (D), (E), and (F) of Rule 1.15.
3. An APRN whose Provisional or Full Prescriptive Authority is withdrawn as the result of a disciplinary action under section 12-255-119, C.R.S., as set forth in Section (M)(2)(a) of Rule 1.15, shall not be eligible to apply for Prescriptive Authority for two years after the date of the withdrawal of such Prescriptive Authority. After the end of the two year waiting period an APRN must complete a new application and meet all requirements as set forth in Rule 1.15.
4. Every advanced practice registered nurse with prescriptive authority applying for reinstatement, except those who qualify for an exemption, must fulfill the substance use prevention training requirements set forth in Section (C) of Rule 1.25.

**L. RENEWAL OF PRESCRIPTIVE AUTHORITY**

1. Renewal of Provisional or Full Prescriptive Authority is required at the time of the RXN's professional nurse license renewal in Colorado. Multi-state compact licensed professional nurses granted Provisional or Full Prescriptive Authority by the Board shall be required to renew the Provisional or Full Prescriptive Authority every two years and shall be issued a specific expiration date for the Prescriptive Authority.
2. Every advanced practice registered nurse with prescriptive authority applying for renewal, except those who qualify for an exemption, must fulfill the substance use prevention training requirements set forth in Section (C) of Rule 1.25.

**M. WITHDRAWAL OF PROVISIONAL OR FULL PRESCRIPTIVE AUTHORITY**

1. The RXN may request that the Provisional or Full Prescriptive Authority be voluntarily withdrawn.
2. The Board may withdraw Provisional or Full Prescriptive Authority if the APRN no longer meets the requirements for Provisional or Full Prescriptive Authority or the APRN is subject to discipline under section 12-255-120, C.R.S., in accordance with the procedures set forth in section 12-255-119, C.R.S.
  - a. The APRN whose Provisional or Full Prescriptive Authority has been withdrawn as a result of disciplinary action under section 12-255-119, C.R.S., shall not be eligible to apply for Prescriptive Authority for two years after the date of the Board's withdrawal of such Prescriptive Authority. For the purpose of this Section (M)(2)(a), withdrawal of Provisional or Full Prescriptive Authority shall include surrender or revocation of same.

3. If Provisional or Full Prescriptive Authority has been withdrawn, and the APRN wishes to apply for Provisional or Full Prescriptive Authority, the APRN must file a new application and meet all requirements as set forth in Rule 1.15 at the time of application.

**N. DISCIPLINE OF ADVANCED PRACTICE REGISTERED NURSES WITH PRESCRIPTIVE AUTHORITY**

1. RXN and RXN-P disciplinary proceedings shall be the same as set forth in section 12-255-119, C.R.S., and the grounds for discipline are as set forth in section 12-255-120, C.R.S.

Approved: January 27, 2010

Effective: July 1, 2010

Revised: July 25, 2012

Effective: September 14, 2012

Revised: September 18, 2015

Effective: November 14, 2015

Revised: July 26, 2017

Effective: September 14, 2017

Revised: October 27, 2021

Effective: December 30, 2021

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**1.26 [Emergency rule expired 05/09/2023]**

**1.27 [Emergency rule expired 05/09/2023]**

**1.28 [Emergency rule expired 05/09/2023]**

**1.29 REQUIRED DISCLOSURE TO PATIENTS – CONVICTION OF OR DISCIPLINE BASED ON SEXUAL MISCONDUCT (Section 12-30-115, C.R.S)**

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**1.30 ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES BY ADVANCED PRACTICE NURSES WITH PRESCRIPTIVE AUTHORITY**

...

**1.31 RULES REGARDING THE USE OF BENZODIAZEPINES**

...

**1.32 CONCERNING HEALTH CARE PROVIDER DISCLOSURES TO CONSUMERS ABOUT THE POTENTIAL EFFECTS OF RECEIVING EMERGENCY OR NONEMERGENCY SERVICES FROM AN OUT-OF-NETWORK PROVIDER**

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**1.33 PROTECTIONS FOR PROVISION OF REPRODUCTIVE HEALTH CARE IN COLORADO**

This Rule is promulgated pursuant to Executive Order D 2022 032, and sections 25-6-401 *et seq.*, 12-255-107(1), and 12-20-204, C.R.S.

A. Definitions, for purposes of this Rule, are as follows:

1. "Applicant" means as defined in section 12-20-102(2), C.R.S.
2. "Assisting in the provision reproductive health care" means aiding and abetting, complicity, and conspiracy in the provision of reproductive health care.
2. "Certificate holder" or "certificant" means as defined in section 12-20-102(3), C.R.S.
3. "Civil judgment" means a final court decision and order resulting from a civil lawsuit.
4. "Criminal judgment" means a guilty verdict, a plea of guilty, a plea of nolo contendere, or a deferred judgment or sentence.
5. "Licensee" means as defined in section 12-20-102(10), C.R.S.
6. "Provision of reproductive health care," includes but is not limited to, transportation for reproductive health care, referrals for reproductive health care and related services, funding or assisting with payment of reproductive health care, prescribing, shipping or dispensing medications for reproductive health care in accordance with state and federal law, all options counseling, and mental health counseling and treatment related to reproductive health care. The "provision of reproductive health care" also includes all treatment contemplated in the definition of section 25-6-402(4), C.R.S.
7. "Registrant" means as defined in section 12-20-102(12), C.R.S.
8. "Regulator" means as defined in section 12-20-102(14), C.R.S.
9. "Reproductive health care" means as defined in section 25-6-402(4), C.R.S.

B. The regulator shall not deny registration, certification, or licensure to an applicant or impose disciplinary action against an individual's registration, certificate or license based solely on the applicant or registrant's provision of or assistance in the provision of reproductive health care in this state or any other state or U.S. territory, so long as the care provided was consistent with generally accepted standards of practice as defined in Colorado law and did not otherwise violate Colorado law.

C. The regulator shall not deny registration, certification, or licensure to an applicant or impose disciplinary action against an individual's registration, certificate or license based solely on a civil or criminal judgment against the applicant or registrant arising from the provision of, or assistance in the provision of reproductive health care in this state or any other state or U.S. territory, so long as the care provided was consistent with generally accepted standards of practice and did not otherwise violate Colorado law.

- D. The regulator shall not deny registration, certification, or licensure to an applicant or impose disciplinary action against an individual's registration, certificate or license based solely on a professional disciplinary action or any other sanction against the applicant's or registrant's professional registration, certification or licensure in this, or any other state or U.S. territory so long as the professional disciplinary action is based solely on the applicant's or registrant's provision of, or assistance in the provision of, reproductive health care and the care provided was consistent with generally accepted standards of practice and did not otherwise violate Colorado law.
- E. The regulator shall not deny registration, certification, or licensure to an applicant or impose disciplinary action against an individual's registration, certificate or license based solely on the applicant/licensee/registant's own personal effort to seek or obtain reproductive health care for themselves. The regulator shall not deny registration, certification, or licensure to an applicant or impose disciplinary action against an individual's registration, certificate, or license based solely on a civil or criminal judgment against the applicant or registrant arising from the individual's own personal receipt of reproductive health care in this state or any other state or U.S. territory.

**1.34 PROTECTING COLORADO'S WORKFORCE AND EXPANDING LICENSING OPPORTUNITIES**

This Rule is promulgated pursuant to Executive Order D 2022 034, and sections 12-255-107(1) and 12-20-204, C.R.S.

- A. Definitions, for purposes of this Rule, are as follows:
  - 1. "Applicant" means as defined in section 12-20-102(2), C.R.S.
  - 2. "Certificate holder" or "certificant" means as defined in section 12-20-102(3), C.R.S.
  - 3. "Civil judgment" means a final court decision and order resulting from a civil lawsuit.
  - 4. "Criminal judgment" means a guilty verdict, a plea of guilty, a plea of nolo contendere, or a deferred judgment or sentence.
  - 5. "Licensee" means as defined in section 12-20-102(10), C.R.S.
  - 7. "Registrant" means as defined in section 12-20-102(12), C.R.S.
  - 8. "Regulator" means as defined in section 12-20-102(14), C.R.S.
- B. [Expired 05/15/2023 per Senate Bill 23-102]
- C. [Expired 05/15/2023 per Senate Bill 23-102]

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## **Editor's Notes**

### **History**

Chapter 1 eff. 07/02/2007.  
Chapters XIII; XX eff 10/01/2007. Chapter XVIII repealed eff. 10/01/2007.  
Chapters I, IX, XI eff. 12/31/2007.  
Chapter XII repealed eff. 06/01/2008.  
Chapters I, VII, XVI eff. 10/01/2008.  
Chapters I, XIV, XV eff. 12/30/2008.  
Chapter X eff. 03/30/2009.  
Chapters IX, XX eff. 06/30/2009.  
Chapter XXI emergency rule eff. 07/14/2009  
Chapter XXI eff. 10/14/2009.  
Chapter II eff. 10/30/2009.  
Chapter I eff. 12/30/2009.  
Chapter XIX repealed eff. 12/30/2009.  
Chapters II, III eff. 03/31/2010.  
Chapter XIII eff. 06/30/2010. Chapter XXI repealed eff. 06/30/2010.  
Chapters XIV, XV eff. 07/01/2010.  
Chapters XII, XIX eff. 01/01/2010.  
Chapter VII repealed eff. 03/17/2011.  
Chapter I eff. 09/14/2011.  
Chapters I, IX eff. 07/01/2012.  
Chapter XV eff. 09/14/2012.  
Chapters 1, 5, 10, 16, 19 eff. 12/15/2012.  
Chapters 1, 2, 5, 10, 19 eff. 03/18/2013.  
Chapters 20, 22, 23 eff. 06/14/2013.  
Chapters 2, 11, 13 eff. 06/14/2014.  
Chapters 10, 13 emer. rules eff. 08/05/2015.  
Chapter 15 emer. rule eff. 09/01/2015.  
Chapters 10, 13 eff. 09/14/2015.  
Chapter 15 eff. 11/14/2015.  
Chapter 24 eff. 12/30/2015.  
Chapter 2 eff. 06/30/2016.  
Chapter 13 eff. 06/14/2017  
Chapters 5, 6, 14, 15 eff. 09/14/2017.  
Chapter 2 eff. 06/14/2018.  
Chapters 1, 20 eff. 03/17/2019.

Rules 1.15 K.4, 1.15 L.2, 1.25 eff. 12/15/2019.  
Rule 1.26 emer. rule eff. 05/01/2020; expired 08/29/2020.  
Rule 1.27 emer. rule eff. 05/11/2020; expired 09/08/2020.  
Rule 1.26 emer. rule eff. 08/30/2020.  
Rule 1.27 emer. rule eff. 09/09/2020.  
Rules 1.1-1.6, 1.10-1.17, 1.19-1.24 emer. rules eff. 10/28/2020.  
Rule 1.26 emer. rule eff. 12/07/2020.  
Rule 1.27 emer. rule eff. 12/28/2020.  
Rules 1.1-1.6, 1.9 F.4, 1.10-1.17, 1.19-1.24, 1.28, Appendix A eff. 12/30/2020.  
Rule 1.28 emer. rule eff. 01/11/2021.  
Rule 1.26 emer. rule eff. 04/06/2021.  
Rule 1.27 emer. rule eff. 04/27/2021.  
Rule 1.28 emer. rule eff. 05/11/2021.  
Rules 1.29, 1.30, Appendix A eff. 06/14/2021.  
Rules 1.26, 1.27, 1.28 emer. rules eff. 07/12/2021.  
Rule 1.31 emer. rule eff. 11/01/2021.  
Rules 1.26, 1.27, 1.28 emer. rules eff. 11/02/2021.  
Rules 1.1 F, G, 1.2 F, G, H, 1.5 A, 1.10 E, 1.13 H.7, 1.14 D, 1.15 B, F, G, 1.16 B, 1.31 eff. 12/15/2021.  
Rules 1.26-1.28 emer. rules eff. 03/02/2022.  
Rules 1.26-1.28 emer. rules eff. 05/24/2022; expired 09/21/2022.  
Rules 1.26-1.28 emer. rules eff. 09/22/2022.  
Rules 1.33, 1.34 emer. rules eff. 10/19/2022.  
Rules 1.26-1.28 emer. rules eff. 11/11/2022.  
Rules 1.26-1.28 emer. rules eff. 12/10/2022.  
Rules 1.1 A,F, 1.10 A,E, 1.14 A,D, 1.31-1.34, Appendix B eff. 12/15/2022.  
Rules 1.26-1.28 emer. rules eff. 01/09/2023; expired 05/09/2023.

### **Annotations**

Rule 1.28 E.4 (adopted 10/28/2020) was not extended by Senate Bill 21-152 and therefore expired 05/15/2021.

Rules 1.34 B. and 1.34 C. (adopted 10/19/2022) were not extended by Senate Bill 23-102 and therefore expired 05/15/2023.