

## State law chart: Nurse Practitioner Practice Authority

State (incl. year independence granted, if applicable)	Definition of Nurse Practitioner	Physician involvement required for diagnosis & treatment?	Details	Supervised practice hours required before autonomy	Additional notes
Alabama	An “advanced practice nurse” is a registered nurse that has gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles and has been certified by the Board of Nursing to engage in the practice of advanced practice nursing. There shall be four categories of advanced practice nurses: CRNP, CNM, CRNA, and CNS. (Ala. Code. Ann. § 34-21-81 (3)).	Yes  (Ala. Code 1975 § 34-21-81 (3)).	<p>A <b>collaborative practice agreement</b> is required.</p> <p>Collaborating physician provides direction and oversight and must be available to the NP by radio, telephone, or telecommunications, and must be available for consultation or referrals from the NP (Ala. Admin. Code 540-X-8-.08 (1); Ala. Admin. Code 610-X-5-.08 (1)).</p> <p>If the NP is to perform services off site, then the written protocol must specify “the circumstances and provide written verification of physician availability for consultation, referral, or direct medical intervention in emergencies, and after hours, if indicated.” (Ala. Admin. Code 540-X-8-.08 (3); Ala. Admin. Code 610-X-5-.08 (3)).</p> <p>The collaborating physician must be present at least 10% of the NP’s scheduled hours, and must visit each collaborative practice site at least quarterly. (Ala. Admin. Code 540-X-8-.08 (4); Ala. Admin. Code 610-X-5-.08 (4)).</p> <p>Written standard protocols must</p> <ul style="list-style-type: none"> <li>• specify the specialty practice area of the NP and the collaborating physician;</li> <li>• identify all sites where the NP will practice within the protocol;</li> </ul>	N/A	A physician may enter into collaborative agreements with certified registered nurse practitioners not exceeding a cumulative one hundred and twenty (120) hours (3 FTEs) per week. The total number of persons supervised by or in collaborative practice with a physician shall not exceed one hundred and twenty (120) hours per week (3 FTEs). Ala. Admin. Code 540-X-8-12.

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			<ul style="list-style-type: none"> <li>• identify the physician’s principal practice site; be maintained at each practice cite;</li> <li>• include a formulary of drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and implemented by the NP;</li> <li>• include a pre-determined plan for emergency services;</li> <li>• specify a plan for quality assurance management with established patient outcome indicators for evaluation of the NP, and include review of at least 10% of medical records, plus all adverse outcomes (Ala. Admin. Code 540-X-8-.08 (9); Ala. Admin. Code 610-X-5-.08 (9)).</li> </ul>		
Alaska (1984)	“Advanced nurse practitioner” means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board. (Ala. Rev. Stat. § 08.68.410 (1)).	No  (12 Alaska Admin. Code 44.400)	N/A	None	When applying to deliver health care services the NP shall submit a written consultation and referral plan. The plan must describe the clinical practice characteristics, list the method and documentation process for routine consultations and referrals and describe the process for quality assurance to evaluate the practice (including a written evaluation of the quality assurance review with a plan for corrective action)
Arizona	“Registered nurse practitioner” means a registered nurse who: is certified by the board, has completed a NP education program approved or recognized by the board and	No  (A.R.S. § 32-1601 (15)(d)(iv); Ariz. Admin.	NPs must refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the NP’s knowledge and experience. (Ariz. Admin. Code R4-19-508)  Scope of practice includes: assessing clients, synthesizing and analyzing data	None	

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	educational requirements prescribed by the board by rule; if applying for certification after July 1, 2004, holds national certification as a NP from a national certifying body recognized by the board; has an expanded scope of practice within a specialty area. (A.R.S. § 32-1601 (15)).	Code R4-19-508).	and understanding and applying principles of health care at an advanced level; managing the physical and psychosocial health status of clients; analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment; making independent decisions in solving complex client care problems; diagnosing, performing diagnostic and therapeutic procedures, and prescribing, administering and dispensing substances within the scope of NP practice on meeting the requirements established by the board; recognizing the limits of the nurse's knowledge and experience and planning for situations beyond the nurse's knowledge, educational preparation and expertise by consulting with or referring clients to other health care providers when appropriate; delegating to a medical assistant pursuant to section 32-1456; performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner. (A.R.S. § 32-1601 (15)).		
Arkansas (1995)	“Practice of advanced nurse practitioner nursing” means the performance for compensation of nursing skills by a RN who, as demonstrated by national certification, has advanced knowledge and practice skills in the delivery of nursing services. (Ark. Code Ann. 17-87-102 (4)(B)(i)).	APRN - No  RNP - Yes  (Ark. Admin. Code 067.00.5(C)(1))	No collaborative practice agreement required for APRNs.  RNPs must practice in accordance with protocols developed in collaboration with a practicing physician. These protocols must address: “established procedures for the management of common medical problems in the practice setting”; “the degree to which collaboration, independent action, and supervision are required”; and “acts including, but not limited to, assessment, diagnosis, treatment, and evaluation.” (Ark. Admin. Code 067.00.I (C)).	N/A	Arkansas distinguishes between APRNs and Registered Nurse Practitioners (RNPs), which does not require a master’s degree or national board certification, and has not been issued since 2000.  Collaborative practice agreement required for prescriptive authority.
California	"Nurse practitioner" means a RN who possesses additional	Yes.	In addition to any other practices that meet the general criteria set forth in statute or regulation for inclusion in standardized procedures developed	N/A	

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	preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section 1484. (16 Code Cal. Rules 1480 (a)).	(Cal. Bus. & Prof. Code §2835.7).	<p>through collaboration among administrators and health professionals, including physicians and surgeons and nurses, standardized procedures may be implemented that authorize a NP to do any of the following:</p> <p>(1) Order DME</p> <p>(2) After performance of a physical examination by the nurse practitioner and collaboration with a physician and surgeon, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.</p> <p>(3) For individuals receiving home health services or personal care services, after consultation with the treating physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.</p> <p>A “standardized procedure” is the legal mechanism for RNs and NPs to perform functions which would otherwise be considered the practice of medicine. Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. The procedure functions are the diagnosing, prescribing, and severing or penetrating of tissue functions under the MPA. The standardized procedure outlines when the nurse is to refer or seek a second opinion, limitations, required education, settings, how the practice will be evaluated etc.</p> <p>Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. Once the physician signs off on the standardized procedure, nurse and facility (if applicable) the practice is considered independent. The “standardized procedure” is agency specific and must meet certain requirements including collaborative development by nursing, medicine and administration within the agency.</p>		
Colorado	Advanced Practice Nurse (APN): A master’s prepared	No. (Colo. Rev. Stat.	N/A	None	An APN may sign an affidavit, certification, or similar document that: documents a

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	nurse holding a graduate degree in advanced practice 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 nursing program and has been recognized and included on the Advanced Practice Registry (APR) by the Board. APN Roles recognized by the Board are NP, CRNA, CNM and CNS. A nurse seeking recognition as an APN must be academically prepared for the expanded scope of practice described as Advanced Practice Nursing. (Colo. Code Regs 716-1, Ch. XIV (1.2)).	12-38-103 (10)).			patient's current health status; authorizes continuing treatment, tests, services, or equipment; or gives advance directives for end of-life care. Such affidavit, certification, or similar document may not be the prescription of medication unless the APN has been granted RXN by the State BON or in conflict with other requirements of law. Such forms may include but not be limited to forms for jury service, school forms, physical exams, utility company forms, CPR directives, and handicap parking. APNs may place persons on mental health holds but may not discontinue the holds. APNs may not place persons with alcohol or substance abuse problems on Involuntary Commitments and may not place persons on mental health certifications. APNs are authorized to implement Medical Orders Scope of Treatment forms which include advanced directive planning and DNR orders for adults.
Connecticut	Advanced nursing practice is defined as the performance of advanced level nursing practice activities that, by virtue of postbasic specialized education and experience, are appropriate to and may be performed by an APRN. (Conn. Gen. Stat. 20-87a (b)).	Yes – for the first 3 years and no less than 2,000 hours of practice.  (Conn. Gen. Stat. § 20-	For the first 3 years after having been issued a license and no less than 2,000 hours of practice, NPs must perform acts of diagnosis and treatment of alterations in health status in <b>collaboration</b> with a physician. The collaboration must address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of the APRN, a method to review patient outcomes and a method of disclosure of the relationship to the patient. The collaborative agreement must be in writing and include the level of schedule II and III drugs that the NP may prescribe and a method to review patient outcomes. (Conn. Gen. Stat. § 20-87a (b)).	3 years and no less than 2,000 hours	APRNs allowed to certify disability leave, authorize DNR orders, certify involuntary commitment,

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		87a (b)).	An APRN who has engaged in APRN activities in collaboration with a physician for a period of no less than 3 years may thereafter, alone or in collaboration with another health care provider: (i) perform the acts of diagnosis and treatment of alterations in health status; and (ii) prescribe, dispense and administer medical therapeutics and corrective measures and dispense drugs in the form of professional samples.		
Delaware	A nurse practitioner is a RN with advanced nursing educational preparation who is a provider of primary healthcare in a variety of settings with a focus on a specific area of practice.	Yes – for the first 2 years or 4,000 hours of practice. (24 Del. Code. Ann. § 1902 (b)(1)&(2)).	<p>APRNs are required to practice under a <b>collaborative practice agreement</b> or protocol with a physician for two years and a minimum of 4,000 hours of practice. All APRNs have full practice and prescriptive authority, but full practice authority does not equate to independent practice.</p> <p>After 2 years or 4,000 hours of practice under a collaborative agreement, an APRN can apply to the APRN Committee (a joint committee of the BON and BOM) for independent practice, which is defined as “practice and prescribing by an APRN who is not subject to a collaborative agreement and works outside the employment of an established health care organization, health care delivery system, physician, podiatrist, or practice group owned by a physician or podiatrist. Independent practice shall be in an area substantially related to the population and focus of the APRN’s education, and certification.” The APRN Committee makes recommendations to the BON regarding whether to grant independent practice.</p> <p>APRNs granted independent practice shall not be held to any lesser standard of care than that of a physician providing care to a specific patient condition or population.</p>	N/A	When an APRN who has been granted independent practice comes before the Board of Nursing for discipline related to a deviation from the standard of care, the Board of Nursing’s decision must be approved by the Board of Medical Licensure and Discipline.
D.C.	Certified nurse practitioner: a registered nurse trained in an educational program and certified by a recognized	No. (D.C. Code § 3-1206.03 (a)).	N/A	None	

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	national certification organization to provide healthcare services who, when functioning within the authorized scope of practice, is qualified to assume primary responsibility for the care of patients. (CDCR 17-5999.1).				
Florida	“Advanced registered nurse practitioner” means any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, including CRNA, CNM, and NP. (Fla. Stat. § 464.003 (3)).	Yes.  (Fla. Stat. § 464.012 (3); Fla. Admin. Code 64B9-4.010 (1)).	<b>General supervision</b> by a physician or dentist is required. The degree and method of general supervision, determined by the APRN and the physician or dentist must be specifically identified in written protocol and shall be appropriate for prudent health care providers under similar circumstances.  Protocols and the collaborative practice agreement must include the information listed here: <a href="http://www.flrules.org/gateway/ruleno.asp?id=64B9-4.010">www.flrules.org/gateway/ruleno.asp?id=64B9-4.010</a> .	N/A	An MD may supervise APRNs offering primary care services at no more than 4 satellite offices in addition to the primary place of practice.  An MD may supervise APRNs offering specialty services at no more than 2 satellite offices in addition to the primary place of practice.  A Board certified/eligible MD in plastic surgery or dermatology must supervise APRNs offering primarily dermatologic or skin care at no more than 1 satellite office in addition to the primary place of practice.
Georgia	"Advanced practice registered nurse" means a registered professional nurse licensed under this chapter who is recognized by the board as having met the requirements established by the board to	Yes.  (O.C.G.A. 43-34-25).	<b>General supervision and delegation</b> is required pursuant to a protocol agreement. The protocol agreement must: be between a NP and a physician who practice in comparable specialty areas, and must: <ul style="list-style-type: none"> <li>• contain a provision for immediate consultation between the NP and the delegating physician;</li> <li>• identify the parameters under which delegated acts may be performed by the NP, including the number of refills that may be ordered, the extent to</li> </ul>	N/A	Chart review required for all charts where controlled substances prescribed.  Protocol agreements define what medical acts are delegated to the NP. NPs cannot “employ a physician to be their delegating physician”. Radiographic imaging tests can only be

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	engage in advanced nursing practice and who holds a master's degree or other graduate degree from an approved nursing education program and national board certification in his or her area of specialty, or a person who was recognized as an advanced practice registered nurse by the board on or before June 30, 2006. CRNAs who graduated from an approved prior to January 1, 1999, are not required to hold a master's or graduate degree. (Ga. Code. Ann. § 43-26-3 (1.1)).		<p>which radiographic image tests may be ordered, and the circumstances under which a prescription drug order may be executed;</p> <ul style="list-style-type: none"> <li>• require documentation by the NP of those acts performed by the NP which are specific to the medical acts authorized by the delegating physician;</li> <li>• include a schedule for periodic review by the physician of patient records; provide for patient evaluation or follow up examination by the physician;</li> <li>• be reviewed, revised, or updated annually;</li> <li>• be available upon written request by the Board of Nursing; and</li> <li>• provide that a patient who receives a prescription for a controlled substance pursuant to a nurse protocol agreement shall be evaluated or examined by the physician at least quarterly.</li> </ul> <p>Further, if the authority to prescribe controlled substances is among those delegated to the NP under the written protocol, the protocol must include written provisions regarding the procedure for ordering controlled substances. (Ga. Admin. Code 410-13-.01 (g)).</p>		<p>ordered by NP's in "life threatening situations". A 2009 Cosmetic laser bill included APRNs (among other 'medical practitioners'), addressed new provisions relating to the licensing of cosmetic laser practitioners, and changed certain provisions relating to the two levels of cosmetic laser services licenses. The NP may pronounce death, but may not sign the death certificate. NPs can be delegated the authority to "sign, certify and endorse all documents relating to health care provided to a patient within his or her authorized scope of practice".</p> <p>A collaborating physician shall not enter into a collaborative practice arrangement with more than 3 FTE APRNs. This limitation shall not apply to collaborative arrangements of hospital employees, or population-based public health services.</p>
Hawaii	"Advanced practice registered nurse" means a RN who has met the qualifications for advanced practice registered nurse set forth in this chapter and through rules of the board, which shall include educational requirements. (Haw. Rev. Stat. § 457-2 (a)).	No.  (Haw. Rev. Stat § 457-8.5 (a)).	N/A	None	The board shall grant recognition as an advanced practice registered nurse to a nurse who has: (1) A current, unencumbered license as a registered nurse in this State; (2) An unencumbered license as a registered nurse in all other states in which the nurse has a current and active license; (3) An unencumbered recognition as an advanced practice registered nurse or similar



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					<p>designation in all other states in which the nurse has a current and active recognition as an advanced practice registered nurse;</p> <p>(4) Completed an accredited graduate-level education program [ ] preparing the nurse for one of the four recognized advanced practice registered nurse roles;</p> <p>(5) A current, unencumbered certification of having passed a national certification examination that measures role and population-focused competencies and is recognized by the board;</p> <p>(6) Maintained continued competencies through recertification in role and population-focused competencies through a national certification program recognized by the board;</p> <p>(7) Acquired advanced clinical knowledge and skills preparing the nurse to provide direct care to patients through a significant educational and practical concentration on the direct care of patients;</p> <p>(8) Demonstrated a greater breadth of knowledge, a greater synthesis of data, greater complexity of skills and interventions, and greater role autonomy than demonstrated by a registered nurse;</p> <p>(9) Been educationally prepared to assume responsibility and accountability for health promotion and maintenance and to assess, diagnose, and manage patient problems</p>

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					through the use and prescription of pharmacologic and non-pharmacologic interventions; (10) Acquired clinical experience of sufficient depth and breadth to reflect the intended license; and (11) Paid the appropriate fees." (H.B. 79, 27th Leg., Reg. Sess. (Haw. 2013)).
Idaho	"Nurse practitioner" means a licensed professional nurse who has graduated from a nationally accredited NP program, passed a qualifying examination recognized by the board, and has current initial certification or current recertification from a national group recognized by the board. (Idaho Stat. § 54-1402 (1)(c)).	No.  (IDAPA 23.01.01.27 1 (2)).	N/A	None	NPs are allowed to sign death certifications, state disability parking, state workman's compensation.
Illinois	"Advanced practice nurse" or "APN" means a person who: is licensed as a registered professional nurse under the Act; meets the requirements for licensure as an advanced practice nurse under Section 15-10 of the Act; except as provided in Section 15-25 of	Yes – but not for practice within a hospital or ASC  (225 ILCS 65/65-35.	A <b>collaborative practice agreement</b> is required for all clinical practice, except for practice within a hospital or ambulatory surgical treatment center.  The written collaborative agreement shall describe the working relationship of the NP and the collaborating physician or podiatrist and authorize the categories of care, treatment, or procedures to be performed by the NP. The agreement need not describe the exact steps that the NP must take with respect to each specified condition, disease, or symptom, but must specify which authorized procedure require the presence of the collaborating	None	APNs with a collaborative practice agreement must collaborate and consult with their collaborating physician at least once a month, but there is no requirement for a face-to-face meeting.

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	<p>the Act, has a written collaborative agreement with a collaborating physician in the diagnosis of illness and management of wellness and other conditions as appropriate to the level and area of his or her practice in accordance with Section 15-15 of the Act; and cares for patients: by using advanced diagnostic skills, the results of diagnostic tests and procedures ordered by the advanced practice nurse, a physician assistant, a dentist, a podiatrist, or a physician, and professional judgment to initiate and coordinate the care of patients; by ordering diagnostic tests, prescribing medications and drugs in accordance with Section 15-20 of the Act, and administering medications and drugs; and by using medical, therapeutic, and corrective measures to treat illness and improve health status. (68 Ill. Admin. Code 1305.10).</p>		<p>physician as the procedures are being performed.</p> <p>The collaborative relationship under an agreement shall not be construed to require the personal presence of a physician or podiatrist at all times at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician or podiatrist in person or by telecommunications in accordance with established written guidelines as set forth in the written agreement.</p>		
Indiana	"Advanced practice nurse"	Yes.	A <b>collaborative practice agreement</b> is required. The collaborative	N/A	NPs have the authority to order OT services,

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	means: a NP, CNM, or a CNS who is a RN qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations. (Burns Ind. Code § 25-23-1-1).	(Burns Ind. Code Ann. § 25-23-1-19.4 (b)).	agreement must set forth the manner in which the NP and the licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients.		to sign handicapped driving stickers; an NP is a member of the birth registry problems committee. NPs are prohibited from entering into a collaborative practice agreement with a PA.
Iowa	“Certified nurse practitioner” is an ARNP educated in the disciplines of nursing who has advanced knowledge of nursing, physical and psychosocial assessment, appropriate interventions, and management of health care, and who possesses evidence of current certification by a national professional nursing	No.  (655 IAC 7.1 (152).	N/A	None	

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	certifying body approved by the board. (655 Iowa Admin. Code 7.1).				
Kansas	“Advanced registered nurse practitioner” or “ARNP” means a professional nurse who holds a certificate of qualification from the board to function as a professional nurse in an expanded role, and this expanded role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130. (Kan. Ann. Stat. 65-1113 (g)).	Yes.  (K.A.R. 60-11-101).	<b>Collaborative practice</b> is required.  Each NP shall function in an expanded role to provide primary, secondary, and tertiary health care in the NP's category of advanced practice. Each NP is authorized to make independent decisions about advanced practice nursing needs nursing needs of families, patients, and clients, and medical decisions based on the authorization for collaborative practice with one or more physicians. Any NP who interdependently develops and manages the medical plan of care for patients or clients is required to have a signed authorization for collaborative practice with a physician(s) who is licensed in Kansas. This regulation shall not be deemed to require the immediate and physical presence of the physician. Each NP shall be directly accountable and responsible to the consumer.  The authorization for collaborative practice must be jointly developed and signed by both the NP and the physician(s) and be reviewed annually.	N/A	
Kentucky	"Advanced practice registered nurse" means a NP, CRNA, CNM, or CNS, who is licensed to engage in advance practice registered nursing pursuant to KRS 314.042 and certified in at least one population focus. (Ky. Rev. Stat. Ann. 314.011 (7)).	No.  (201 KAR 20:057).	N/A	None	Consultation and collaboration are required for situations outside the APRNs SOP. APRNs can certify cause of death, CDLs.
Louisiana	Nurse practitioner who is an	Yes	A <b>collaborative practice agreement</b> is required to perform medical		

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	APRN educated in a specified area of care and certified according to the requirements of a nationally recognized accrediting agency such as the ANA’s American Nurses Credentialing Center, National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties, or the National Certification Board of Pediatric NPs and Nurses, or as approved by the board and who is authorized to provide primary, acute, or chronic care as an APRN acting within his scope of practice to individuals, families, and other groups in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies. (La. Rev. Stat. 37:913 (1)(d)).	(46 LAC XLVII § 4513 (B)).	functions. The collaborative agreement must include: the availability of the collaborating physician or dentist for consultation or referral, or both; methods of management of the collaborative practice, which shall include clinical practice guidelines; and coverage of the health care needs of the patient during any absence of the NP, physician, or dentist. (La. Rev. Stat. 37:913 (9)).		
Maine	"Certified nurse practitioner" means a registered professional nurse who has received post-graduate education designed to prepare	Yes – for first 24 months of practice	Supervision required for the first 24 months of practice. Supervision can be under: <ul style="list-style-type: none"> <li>• a licensed physician;</li> <li>• a NP practicing in the same practice category who will provide oversight for the NP; or</li> </ul>	24 months	

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	the nurse for advanced practice registered nursing in a specialty area in nursing that has a defined scope of practice and has been certified in the clinical specialty by a national certifying organization acceptable to the Board. (Code Maine R. 02 380 008 § 1 (B)).	(Code Me. R. 02-380, Ch. 8)	<ul style="list-style-type: none"> <li>as an employee of a clinic or hospital that has a medical director who is a licensed physician.</li> </ul> <p>“Supervising nurse practitioner” means a certified nurse practitioner who qualifies as an advanced practice registered nurse who has: (A) Completed 24 months of supervised practice in accordance with subsection 2-A; (B) Practiced as an APRN for a minimum of 5 years in the same specialty; (C) Worked in a clinical health care field for a minimum of 10 years; and (D) Been approved by the advanced board.</p>		
Maryland	<p>“Nurse practitioner” means an individual who (1) Is licensed by the Board to practice registered nursing; and (2) Is certified by the Board to practice as a NP. (Ann. Code Maryland Section 8-101(K)).</p> <p>“Practice as a nurse practitioner” means to independently: (1) Perform an act under subsection (N) of this section; (2) Conduct a comprehensive physical assessment of an individual; (3) Establish a medical diagnosis for common chronic stable or short-term health problems; (4) Order, perform, and interpret laboratory tests; (5) Prescribe drugs as</p>	<p>Yes – For the first 18 months of practice.</p> <p>(Ann. Code Maryland Section 8-302(b)(5)).</p>	A nurse practitioner must <b>consult and collaborate</b> with a physician or nurse practitioner <b>for the first 18 months of practice.</b>	None	NPs may sign death certificates and handicapped parking certification; issue emergency DNR orders; verify that an under-aged female may get married if she is pregnant or has just delivered a child; and sign birth certificate for hospital births. The NP must specify the exact laboratory or diagnostic procedures to be performed along with the documentation of proof of education, training and competency for performing each specific procedure if these specific skills are acquired after the formal NP program.

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	provided under § 8–508 of this title; (6) Perform diagnostic, therapeutic, or corrective measures; (7) Consult and collaborate with, or refer an individual to, an appropriate licensed physician or any other health care provider as needed; and (8) Provide emergency care. (Ann. Code Maryland Section 8-101(L)).				
Massachusetts	“Nurse engaged in prescriptive practice” means a nurse with: (a) authorization to practice in the expanded role; (b) a minimum of 24 contact hours in pharmacotherapeutics which are beyond those acquired through a generic nursing education program; and (c) valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the MDPH in accordance with M.G.L. c. 94C, § 7(g) and, where required, by the U.S. DEA. (244 Code Mass. Regs. 4.05).	Yes (244 CMR 4.22 (1)).	These guidelines must: specifically describe the nature and scope of the NP’s practice; describe the circumstances in which physician consultation or referral is required; describe the use of established procedures for treatment of common medical conditions that the nurse may encounter; and include provisions for managing emergencies. (244 CMR 4.22 (2)).	N/A	
Michigan	None given.	No	N/A	None	NPs may perform state mandated physical



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					examinations.
Minnesota	"Advanced practice registered nurse," means an individual licensed as a RN by the board and certified by a national nurse certification organization acceptable to the board to practice as a CNS, CRNA, CNM, or NP. (Minn. Stat. § 148.171 (3)).	Yes – for first 2,080 hours of practice.  (Minn. Stat. § 148.211).	A <b>collaborative practice agreement</b> with a physician or APRN is required <b>only</b> for the first 2,080 hours of clinical practice.  A NP must practice for at least 2,080 hours, within the context of a collaborative agreement, within a hospital or integrated clinical setting where APRNs and physicians work together to provide patient care. The NP shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. A collaborative agreement is a mutually agreed upon plan for the overall working relationship between a NP and one or more physicians or APRNs that designates the scope of collaboration necessary to manage the care of patients. The NP and collaborating physician(s)/APRN(s) must have experience in providing care to patients with the same or similar medical problems.	2,080 hours	An APRN certified in mental health may act as an examiner to place a patient on emergency hold for care and treatment and to petition the court for retention for treatment; they may also act as a ‘Health Officer’ for purposes of taking an individual into custody for transport to a treatment facility. APRNs are now listed as one of the providers able to diagnose AD/HD.
Mississippi	An "advanced practice registered nurse" is a person who is licensed or holds the privilege to practice under this article and who is certified in advanced practice registered nurse or specialized nursing practice and includes CNM, CRNA, and NPs. (Miss. Code § 73-15-5).	Yes.  (Miss. Code §§ 73-15-5, 73-15-20).	A <b>collaborative practice agreement</b> is required.  Collaborative relationships must include a formal quality assurance/ quality improvement program consisting of: review by the collaborative physician of a sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the NP every month; NP maintenance of a log of charts reviewed; and a face-to-face meeting once per quarter. Physicians are prohibited from entering into collaborative agreements with APRNs whose practice location is over 75 miles from the physician’s primary office. (Board Rule 1.3)	N/A	
Missouri	"Certified nurse practitioner", a registered nurse who is currently certified as a NP by a nationally recognized	Yes  (20 CSR 2200-4.200).	A <b>collaborative practice agreement</b> is required. The collaborative practice arrangements must address: <ul style="list-style-type: none"> <li>the geographic distance between the NP and the physician;</li> </ul>		Limit of 3 FTEs per collaborating physician.  NPs must work with the collaborating physician for 1 calendar month before the NP

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	certifying body approved by the board of nursing. (Mo. Rev. Stat. § 335.016 (7)).		<ul style="list-style-type: none"> <li>• methods of treatment and authority to administer, dispense, or prescribe drugs; and</li> <li>• include guidelines for consultation and referral.</li> </ul> <p>The physician must be immediately available for consultation at all times, either personally or via telecommunications. The collaborating physician must review the work and records of the NP at least once every 2 weeks. (CPA checklist at <a href="http://pr.mo.gov/nursing.asp">http://pr.mo.gov/nursing.asp</a>).</p> <p>The use of a CPA by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons shall be limited to practice locations where the collaborating physician, or other physician designated in the CPA, is no further than 50 miles by road, using the most direct route available, from the collaborating APRN if the APRN is practicing in federally designated health professional shortage areas (HPSAs). Otherwise, in non-HPSAs, the collaborating physician and collaborating APRN shall practice within (30) miles by road of one another. The provision of the above specified health care services pursuant to a CPA shall be limited to only an APRN. (20 CSR 2200-4.200 (2)(B)).</p> <p>An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided in a rural area of need. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information. (H.B. 315, 97th Gen. Assem., Reg. Sess., 2013 (Mo. 2013)).</p>		can work at a site without the presence of the physician.

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Montana	"Advanced practice registered nurse" means a registered professional nurse who has completed educational requirements related to the nurse's specific practice role, in addition to basic nursing education, as specified by the board pursuant to 37-8-202. (Mont. Code Anno. § 37-8-102 (1)).	No. (Mont. Code Ann. 37-8-409 (1)).	N/A	None	
Nebraska	Nurse practitioner means a RN certified as described in section 38-2317 and licensed under the APRN Practice Act to practice as a NP. (N.R.S.A. 38-2312).	Yes – for first 2,000 hours of practice.  (Neb. Rev. Code §§ 38-2314.0138-2322 (1)).	A <b>collaborative practice agreement</b> is required <b>only</b> for the first 2,000 hours of practice under the supervision of a physician or nurse practitioner.  38-2315. Nurse practitioner; functions; scope. (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	2,000 hours	

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			<p>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.</p> <p>(4) For purposes of this section:</p> <p>(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</p> <p>(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.</p> <p>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.</p>		
Nevada	"Nurse practitioner" means a registered nurse who has completed an organized formal program of training for qualification to practice in a specialized area of nursing. (N.A.C. 632.061).	No.  (N.A.C. 632.237)	N/A	None (except for prescribing controlled substances – see prescriptive authority chart)	
New Hampshire	"Advanced practice registered nurse" means a RN currently licensed by the board under RSA 326-B:18. (N.H.R.S. 326-B:2 (I)).	No.  (R.S.A. 326-B:11).	N/A	None	

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New Jersey	"Advanced practice nurse" means a person who holds a certification in accordance with section 8 or 9 of P.L.1991, c.377 (C.45:11-47 or 45:11-48). (N.J. Ann. Stat. § 45:11-23 (1)(d)).	No.  (N.J. Stat. Ann. 45:11-49 (a)).	N/A	None	NPs are authorized to determine cause of death and execute death certification if NP is patient's primary caregiver.
New Mexico	"Certified nurse practitioner" means a RN who is licensed by the board for advanced practice as a NP and whose name and pertinent information are entered on the list of NPs maintained by the board. (N.M.A.S. § 61-3-3 (E)).	No  (N.M.S.A. 61-3-23.2 (B)(2)).	N/A	None	NPs are authorized to declare death and sign death certificates, and to certify disability for purposes of handicapped parking passes.
New York	None given.	Yes  (139 N.Y.C.L.S. § 6902).	A <b>collaborative practice agreement</b> is required. The practice protocol must reflect current accepted medical and nursing practice and must be filed with the department within 90 days of the commencement of practice. (139 N.Y.C.L.S. § 6902 (3)(d)). Protocols must identify the area of practice to be performed by the NP in collaboration with the physician; reflect accepted standards of nursing and medical practice; include provisions for case management, including diagnosis, treatment, and appropriate record keeping by the NP; and may include such other provisions as are deemed to be appropriate. (N.Y.C.R.R. § 64.5 (c)).  The collaborative agreement must include provisions for: referral and consultation; coverage for absences of either the NP or the collaborating physician; resolution of disagreements between the NP and the collaborating physician regarding matters of diagnosis and treatment; the review of a	N/A  3,600 hour requirement for NPs to be exempt from <i>written</i> practice agreement and protocol requirements.	NPs may write home health personal aid services, may act as medical inspector in school districts, may order respiratory therapy, may obtain limited test site permits under CLIA, may declare an emergency in relation to ordering utilities turned back on after "shutoff" action, and may prescribe non patient specific orders (i.e. certain immunizations; anti-anaphylactic agents; PPD tests; and rapid HIV tests). NPs are granted authority to sign death certificates.  No physician shall enter into practice agreements with more than 4 nurse

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			<p>representative sample of patient records every 3 months by the collaborating physician; record keeping provisions and any other provisions jointly determined by the NP and the physician to be appropriate. (N.Y.C.R.R. § 64.5 (b); Board website (<a href="http://www.op.nysed.gov/prof/nurse/">http://www.op.nysed.gov/prof/nurse/</a>)/ APN application; 139 N.Y.C.L.S. § 6902 (3)(c)).</p> <p><b>Nurse practitioners practicing for more than 3,600 hours are exempt from requirements for written practice agreement and written practice protocols. Instead, these NPs must have collaborative relationships with one or more licensed physicians qualified to collaborate in the specialty involved or a hospital that provides services through physicians.</b> The NP must complete and maintain a form to which the NP shall attest, that describes such collaborative relationships. “Collaborative relationship” means that the NP shall communicate, whether in person, by telephone or through written (including electronic) means, with a licensed physician qualified to collaborate in the specialty involved or, in the case of a hospital, communicate with a licensed physician qualified to collaborate in the specialty involved and having privileges at such hospital, for the purposes of exchanging information, as needed, in order to provide comprehensive patient care and to make referrals as necessary. Such form shall also reflect the nurse practitioner's acknowledgement that if reasonable efforts to resolve any dispute that may arise with the collaborating physician or, in the case of a collaboration with a hospital, with a licensed physician qualified to collaborate in the specialty involved and having privileges at such hospital, about a patient's care are not successful, the recommendation of the physician shall prevail.</p>		<p>practitioners who are not located on the same physical premises as the collaborating physician.</p>
North Carolina	"Nurse Practitioner" or means a currently licensed RN approved to perform medical acts consistent with the nurse's	Yes. (21 N.C.A.C. 36.0804).	<p>A <b>collaborative practice agreement</b> is required.</p> <p>Requirements for collaborative practice agreements:</p>		<p>During the first 6 months of collaborative practice, the NP and primary supervising physician must hold monthly quality improvement process meetings. Subsequently,</p>

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	area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of RN licensure. (21 N.C.A.C. 32M.0101 (4)).		<ul style="list-style-type: none"> <li>the NP and primary or back-up supervising physician must be continuously available to each other for consultation by direct communication or telecommunication;</li> <li>the agreement must be signed by both parties and maintained at each practice site;</li> <li>the agreement must be reviewed at least yearly;</li> <li>must include the drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the NP;</li> <li>must include a pre-determined plan for emergency services; and</li> <li>the NP and the physician must develop an ongoing quality improvement process that includes a written plan for evaluating the quality of care provided, a plan for improving outcomes, and scheduled meeting between the NP and the physician at least every 6 months.</li> </ul>		meetings must be held at least every 6 months.
North Dakota	"Advanced practice registered nurse" means an individual who holds a current license to practice in this state as an APRN. (N.D.C.C. 43-12.1-02 (1)).	No  (N.D.A.C. 54-05-03.1-03.2).	N/A	None	
Ohio	"Certified nurse practitioner" means a RN who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a NP in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing. (O.R.C.A. 4723.01	Yes  (O.R.C. 4723.43 (C)).	<p>NPs may, <b>in collaboration with</b> one or more physicians or podiatrists, provide preventive and primary care services, provide services for acute illnesses, and evaluate and promote patient wellness within the nurse's nursing specialty, consistent with the NP's education and certification, and in accordance with rules adopted by the board.</p> <p>When a NP is collaborating with a podiatrist, the NP's scope of practice is limited to the procedures that the podiatrist has the authority to perform.</p> <p>The NP must enter into a <b>"standard of care arrangement"</b> with one or more</p>	N/A	NPs have hospital admitting privileges.

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	(J)).		<p>physicians or podiatrists who practice in a specialty that is the same as, or similar to, the nurse’s nursing specialty. (O.R.C. 4723.1 (A)). The requirements for a standard of care arrangement are outlined in O.R.C. 4723.431.</p> <p>The physician or podiatrist must be continuously available to communicate with the clinical nurse specialist or certified nurse practitioner either in person or by radio, telephone, or other form of telecommunication. (O.R.C. 4723.01 (L)(1)).</p>		
Oklahoma	"Advanced practice nurse" means a licensed RN who: has successfully completed a formal program of study approved by the Board which is designed to prepare registered nurses to perform in an expanded role in the delivery of health care; is nationally certified by an appropriate certifying body, recognized by the Board; and has received a certificate of recognition from the Board. (Okla. Stat. Ann. 567.3a (5)).	No  (Ok. Stat. Ann. § 567.3a (6)).	N/A	None	
Oregon	“Nurse practitioner” means a RN who has been certified by the board as qualified to practice in an expanded specialty role within the practice of nursing. (O.R.S.	No  (O.A.R. 851-050-0005 (5)).	N/A	None	Supervised practice is required for reentry.



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	678.010 (6)).				
Pennsylvania	Certified Registered Nurse Practitioner is a professional nurse licensed in this Commonwealth who is certified by the Board in a specialty and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with a physician licensed to practice in this Commonwealth and in accordance with the act and this subchapter. Nothing in this subchapter is to be deemed to limit or prohibit a professional nurse from engaging in those activities which constitute the practice of professional nursing as defined in section 2 of the act (63 P. S. § 212). (P.A.C. § 21.251).	Yes  (P.A.C. § 21.251).	A <b>collaborative practice agreement</b> is required.  “Collaboration” is defined as a process in which a NP works with one or more physicians to deliver health care within the scope of the NP’s expertise. The collaborative agreement must include provisions regarding: the immediate availability of the physician through direct communication, radio, telephone, or telecommunications; a predetermined plan for emergency services; and the physician’s availability to the NP on a regularly scheduled basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics, and co-signing records when necessary to document accountability by both parties.	N/A	
Rhode Island	"Certified nurse practitioner" is an advanced practice nurse utilizing independent	No  (Gen. L. R.I.	N/A	None	

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	<p>knowledge of physical assessment, diagnosis, and management of health care and illnesses. The practice includes prescriptive privileges. Certified nurse practitioners are members of the health care delivery system practicing in areas including, but not limited to: family practice, pediatrics, adult health care, geriatrics, and women’s health care in primary, acute, long-term, and critical care settings in health care facilities and the community. Certified nurse practitioners may be recognized as the primary care provider or acute care provider of record.(R.I. Gen. Laws 5-34-3 (4)).</p> <p>(1) “Advanced practice registered nurse” (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified</p>	<p>§ 5-34-44).</p>			

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	registered nurse anesthetist (CRNA) as defined in chapter 5–34.2, or certified clinical nurse specialist (CNS), and who functions in a population focus. An APRN may serve as a primary or acute care provider of record.				
South Carolina	"Nurse Practitioner" means a RN who has completed an advanced formal education program at the master's level acceptable to the board, and who demonstrates advanced knowledge and skill in assessment and management of physical and psychosocial health, illness status of persons, families, and groups. NPs who perform delegated medical acts must have a supervising physician or dentist who is readily available for consultation and shall operate within the approved written protocols. (S.C. Code Ann. § 40-34-20 (41)).	Yes  (S.C. Code Ann. §§ 40-33-20 (41), 40-33-34 (C)(1)).	<b>General supervision and delegation</b> is required pursuant to protocol. The requirements for written protocols can be found in S.C. Code Ann. § 40-33-34(D)(1).  The physician must be in near proximity and is able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the nurse practitioner, certified nurse-midwife, or clinical nurse specialist performing delegated medical acts. When application is made for more than three NP's, CNM's, or CNS's to practice with one physician, or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than 45 miles from the physician, the Board of Nursing and Board of Medical Examiners shall each review the application to determine if adequate supervision exists. (S.C. Code Ann. § 40-33-20 (52)).	N/A	
South Dakota (2017)	"Nurse practitioner," a provider duly authorized under	Yes – for the first 24	A <b>collaborative practice agreement</b> with a physician, nurse practitioner, or nurse midwife is required for the first 1,040 hours of clinical practice.	1,040 hours of collaboration	

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	this chapter to practice the specialty of nurse practitioner as defined in § 36-9A-12. (S.D.S.A. § 36-9A-1 (5)).	months and 1,040 hours of practice  (S.D. Stat. Ann. § 36-9A-3)).		with a physician, NP, or NM.	
Tennessee	Nurse Practitioner means a Tennessee licensed RN with a master's degree or higher in a nursing specialty and has national specialty certification as a NP. (TCA § 63-7-126).	Yes  (TCA § 63-7-123(b)(1); Tenn. Rules and Regs 0880-06-.02)	TCA 63-7-123(b) (1) requires that a nurse who has been issued a license to practice as a nurse practitioner (NP) must file a notice with the board, containing the name of the NP, the name of the licensed physician having supervision, control and responsibility for prescriptive services rendered by the nurse practitioner and a copy of the formulary describing the categories of legend drugs to be prescribed and/or issued by the nurse practitioner.  The supervision regulations for physicians, Tenn. Rules and Regs 0880-06-.02, Clinical Supervision Requirements, require the NP's supervisor to be available for consultation at all times, have protocols in place with the nurse practitioner, develop clinical guidelines in collaboration with the NP to include a method for documenting consultation and referral, review 20% of charts every 30 days, and make an on-site visit every 30 days.	N/A	The only mention of diagnose in the nurse practice act is in TCA 63-7-103(b) where it states that the practice of an RN does not include acts of medical diagnosis except to the extent such acts may be authorized by TCA 63-1-132, 63-7-123, and 63-7-207. The relevant section of TCA 63-1-132 requiring the director to provide the board of pharmacy with the names of all NP's authorized to write prescriptions was repealed in 2010. TCA 63-7-123 requires that a nurse practitioner have a supervising physician for prescriptive services rendered by the NP. TCA 63-7-207 sets out the powers of the nursing board to establish the qualifications for a NP to write prescriptions.
Texas	"Advanced practice nurse" means a RN approved by the Board to practice as an APRN on the basis of completion of an advanced educational program. The term includes a NP, CNM, CRNA, and CNS.	No.  (T.A.C. § 221.13 (c)).	N/A.  However, a physician who delegates to a nurse practitioner must follow certain statutory protocols for quality review and assurance. Texas Occupations Code 157.051.	N/A	

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	(T.A.C. § 301.152 (a)).				
Utah	None given.	No  (Utah Code Ann. 58-31b-102 (13)).	N/A		
Vermont	"Advanced practice registered nurse" means a licensed registered nurse authorized to practice in this state who, because of specialized education and experience is endorsed to perform acts of medical diagnosis and to prescribe medical, therapeutic or corrective measures under administrative rules adopted by the board. (Vt. Stat. Ann. § 1572 (4)).	Yes – for the first 24 months and 2,400 hours of practice  (V.S.O. 26-28-1613)	Graduates with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice in an initial role and population focus shall have a formal agreement with a collaborating physician or APRN)  APRNs who obtain a subsequent certification in an additional role and population focus shall have a formal agreement with a collaborating physician or APRN for no fewer than 12 months and 1,600 hours.	2,400 hours and 2 years of collaboration with a physician or APRN	
Virginia	"Advanced practice registered nurse" means a registered nurse who has completed an advanced graduate-level education program in a specialty category of nursing and has passed a national certifying examination for that specialty. "Nurse practitioner" means an APRN who is jointly	Yes  (18 V.A.C. 90-30-120 (A)).	NPs are required to practice as part of <b>patient care teams</b> , which are defined as a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of one or more patient care team physicians for the purpose of providing and delivering health care to a patient or group of patients.  Physicians shall not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners.  Each member of a patient care team shall have specific responsibilities related	N/A	In the event a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended by the Board, or relocates his practice such that he is no longer able to serve, and a NP is unable to enter into a new practice agreement with another patient care team physician, the NP may continue to treat patients without a patient care team physician for 60 days,

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	licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957. (Virginia Code § 54.1-3000)		<p>to the care of the patient or patients and shall provide health care services within the scope of his usual professional activities. Nurse practitioners practicing as part of a patient care team shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician. NPs who are CRNAs shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. Collaboration and consultation among NPs and patient care team physicians may be provided through telemedicine as described in § 38.2-3418.16. Practice of patient care teams in all settings shall include the periodic review of patient charts or electronic health records and may include visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team.</p> <p>"Collaboration" means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments; and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.</p> <p>"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.</p>		provided the NP continues to prescribe only those drugs previously authorized by the practice agreement with such physician and to have access to appropriate physician input in complex clinical cases and patient emergencies and for referrals. The Boards shall grant permission for the NP to continue practice under this subsection for another 60 days, provided the NP provides evidence of efforts made to secure another patient care team physician and of access to physician input.
Washington	An "advanced registered nurse practitioner" is a RN who has had formal graduate education and has achieved national specialty certification for the	No  (WAC 246-840-300).	N/A	None	NPs may sign accident reports and certify time loss for Labor and Industry claims. Psychiatric NPs are authorized to admit, and manage the care of patients who are involuntarily detained in hospitals and mental

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	NP, CRNA, or CNM role. A nurse with this preparation may qualify as an ARNP as described in WAC 246-840-300. (WAC § 246-840-010 (1)).				health treatment centers; they may also provide legally mandated evaluations for hearings related to issues such as whether there is reason not to allow a patient's right to refuse medications. The Department of Labor and Industries added psychiatric ARNPs to its list of approved providers. ARNPs were included as primary care providers in legislation that requires Medicaid, Basic Health and the Public Employees Benefits Board programs to include provisions in contracts that encourage broad implementation of primary care health homes (Senate Bill 5394).
West Virginia	The practice of "advanced practice registered nurse" is a RN who has acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to patients, who has completed a board-approved graduate-level education program and who has passed a board-approved national certification examination. An APRN shall meet all the requirements set forth by the board by rule for an advance	No  (W.Va. Code § 30-7).	N/A	None	APRNs can sign death certificates.

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	practice registered nurse which shall include, at a minimum, a valid license to practice as a CRNA, CNM, CNS, or CNP.				
Wisconsin	“Advanced practice nurse prescriber” means an APRN who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats. (Wis. Adm. Code N 8.02 (2)).	Yes  (Wis. Admin. Code N 8.10 (7)).	Advanced practice nurse prescribers shall work in a <b>collaborative relationship</b> with a physician. The collaborative relationship is a process in which an APRN is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise. The APRN and the physician must document this relationship	N/A	
Wyoming	"Advanced practice registered nurse" means a nurse who: May prescribe, administer, dispense or provide nonprescriptive and prescriptive medications including prepackaged medications, except schedule I drugs as defined in W.S. 35-7-1013 and 35-7-1014; Has responsibility for the direct care and management of patients and clients in relation to their human needs, disease states and therapeutic and technological interventions; Has a master's degree in nursing, or an APRN specialty	No  (Wy. Stat. Ann 33-21-120 (a)(i)).	N/A	None	



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	<p>or has completed an accredited APRN educational program prior to January 1, 1999; and Has completed an advanced program of study in a specialty area in an accredited nursing program, has taken and passed a national certification examination in the same area and has been granted recognition by the board to practice as an APRN. (Wyo. Stat. § 33-21-120 (a)(i)).</p>				

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