



Department of Public Health & Social Services  
**GUAM BOARD OF NURSE EXAMINERS**  
194 Hernan Cortez Avenue, Suite 213, Hagatna, GU 96910



## **APRN PRESCRIPTIVE AUTHORITY APPLICATION**

### **INSTRUCTIONS FOR APPLYING FOR APRN PRESCRIPTIVE AUTHORITY**

Article 5, Section 5.7 of the 2008 GBNE Administrative Rules and Regulations requires that the Advanced Practice Registered Nurse (APRN) who wishes to prescribe drugs and/or devices shall submit a separate application in order for the Board to issue the APRN candidate prescriptive authority license. The prescriptive authority is renewable at the time of the applicant's APRN license renewal.

P.L. 34-78 Articles, § 5.7. Prescriptive Authority (a) Requirements for prescribing, ordering, dispensing and furnishing authority.

To be eligible for the prescriptive authority, a board-certified APRN must have completed a Board-approved pharmacology course.

#### **For applicants, please provide the following:**

- APRN Prescriptive Authority Application form completed by the applicant.
- Two (2) Record of Payment forms should be filled out and a \$150.00 application fee for Prescriptive Authority must be paid at any Treasurer of Guam. Please provide proof of payment (receipt) to our office with one of the Record of Payment forms (Treasurer of Guam cashier usually keeps one).
- **Falsification of information on the application is a violation of the Nurse Practice Act and may result in not only denial of the issuance of the prescriptive number, but also in Board disciplinary action against the applicant's registered nursing license.**

Upon approval of your Prescriptive Authority, please be advised to apply for a Controlled Substance Registration Certificate and Drug Enforcement Administration number with Division of Environmental Health, Department of Public Health and Social Services and provide a copy to GBNE for your file.



## PRESCRIPTIVE AUTHORITY APPLICATION

Last Name:		First Name:		Middle Name:	
Address:				Date of Birth (MM/DD/YY):	
City		State	Zip Code:		Social Security Number:
Telephone Number: Home: (    ) Alternate: (    )		Previous Names:			Mother's Maiden Name:
RN License Number:		APRN Number:		Specialty:	

Agency Name:			Telephone Number:		
Agency Address:		City:	State:	Zip Code:	

I acknowledge that an APRN licensed by the Board may prescribe, order, procure, administer, dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws, and within the APRN's role and population focus. Furthermore, I acknowledge that an APRN must complete five (5) hours of pharmacotherapeutic continuing education (for prescriptive authority) of the required thirty (30) contact hours of continuing education required for the two (2)-year renewal of an APRN licensure. The continuing education required for licensure must: relate to the APRN's scope of certification and scope of practice.

I hereby attest that differential diagnosis and prescribing practices are recognized as being within the scope of practice by the applicable national certifying body.

I certify under penalty of perjury under the laws of the Territory of Guam that the foregoing is true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_