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## ***Arizona Board of Nursing***

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### **APRN Questions & Answers SCOPE OF PRACTICE: Nurse Practitioners Board Approved: Revised July 2021**

#### **Nurse Practitioner Scope of Practice**

Nurse practitioner scope of practice is derived from their educational preparation, the validation of their education through the attainment of board certification, and licensure that grants the legal authority to practice. Scope of practice is further delineated by the patient's needs and is not setting specific.

#### **Acute Care Nurse Practitioner**

According to the American Association of Critical Care Nurses (AACN), Acute Care Nurse Practitioners (ACNP), are educated, certified, and licensed to care for those individuals who are physiologically unstable, technologically dependent, critically ill, highly vulnerable to complications, have rapidly changing conditions or have an illness which is chronically complex. Since scope of practice is defined by the patient's needs an Acute Care Nurse Practitioner may care for patients who fall within their scope of practice in any setting.

#### **Adding Skills**

The Board does not maintain a list of approved procedures. In general, primary care RNPs may only perform primary care procedures within the limits of their scope and the demonstrated and evaluated competency of the RNP. First and foremost, the patient and procedure must be appropriate to the RNP scope of practice. The condition necessitating the procedure must be one that the RNP is educationally and experientially prepared to manage. The RNP must have demonstrated and evaluated competency in the procedure. Consistent with A.A.C. R4-19-508 (C), education should consist of formal didactic learning and supervised documented clinical practice as prescribed by an accrediting body, accredited university, or professional association. Finally, the RNP must be able to recognize and manage complications including emergencies that would result from the procedure. If the patient's acuity level requires an invasive procedure and management in an acute care setting this suggests that the sole management of the patient is beyond the scope of practice of the FNP.

Rule R4-19-508 (C) states a registered nurse practitioner (RNP) shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational

preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice. In addition, RNPs shall practice within one or more population foci, consistent with their education and certification.

RNPs can add a skill to their scope, but the skill cannot be added through on-the-job training, supervision of a physician, by following a physician's order only, or by the "see one, do one, teach one" approach. When there are circumstances where there is no academic or supervised clinical training available, research, evidence-based practice, and on-the-job training may be used but must be carefully documented with measurable goals and outcomes identified. Keep in mind, when adding a new skill, the skill must be in the scope of practice for the RNP.

Primary care RNP preparation focuses on the management of health promotion, disease prevention, and ongoing care of individuals and families. The National Organization of Nurse Practitioner Faculties describes the primary nurse practitioner's role in managing and negotiating health care delivery systems as one of "overseeing and directing the delivery of clinical services within an integrated system of health care". An acute exacerbation of a chronic illness could be managed by a primary care NP if the nature of the person's exacerbation is manageable in an ambulatory setting. If an exacerbation of a chronic illness is such that the person is unstable or critically ill, then that person's care team should include someone with acute care credentials, at least until the situation is under control and stable.

Population is not only defined by diagnosis, gender, and age, but also by acuity and type of care needed. The RNP is expected to utilize the appropriate judgment to determine if a specific role or procedure within a patient care situation is within the scope of practice that he or she is educationally prepared to provide. "Recognizing the limits of the nurse's knowledge and experience, planning for situations beyond the nurse's knowledge and expertise and consulting with or referring clients to other health care providers when appropriate," (ARS § 32-1606 (17) (d)(vi)) are part of the legal scope and responsibilities of all registered nurse practitioners. Experience as an RN, on-the-job training, having a physician sign off orders, and the personal comfort of the RNP are not a sound basis for accepting an assignment or role beyond the RNP's scope of practice.

**Board staff cite areas of the Nurse Practice Act/Advisory Opinions that may assist you, but cannot interpret the statute and rules as applied to your specific situation, as that can be construed as giving you legal advice. Only the Board members, during a public meeting, can determine whether a nurse performed outside the scope of practice for her/his education and licensure.**

As defined in A.R.S. 32-1601(22),  
(<https://www.azleg.gov/viewdocument/?docName=http://www.azleg.gov/ars/32/01601.htm>)

"Registered nurse practitioner" means a registered nurse who:

- (a) Is certified by the board.
- (b) Has completed a nurse practitioner education program approved or recognized by the board and educational requirements prescribed by the board by rule.

(c) If applying for certification after July 1, 2004, holds national certification as a nurse practitioner from a national certifying body recognized by the board.

(d) Has an expanded scope of practice within a specialty area that includes:

(i) Assessing clients, synthesizing and analyzing data, and understanding and applying principles of health care at an advanced level.

(ii) Managing the physical and psychosocial health status of patients.

(iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem, and selecting, implementing, and evaluating appropriate treatment.

(iv) Making independent decisions in solving complex patient care problems.

(v) Diagnosing, performing diagnostic and therapeutic procedures, and prescribing, administering, and dispensing therapeutic measures, including legend drugs, medical devices, and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board.

(vi) Recognizing the limits of the nurse's knowledge and experience by consulting with or referring patients to other appropriate health care professionals if a situation or condition occurs that is beyond the knowledge and experience of the nurse or if the referral will protect the health and welfare of the patient.

(vii) Delegating to a medical assistant pursuant to section 32-1456.

(viii) 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.

## **2. What is the registered nurse practitioner (RNP) scope of practice?**

The Nurse Practice Act defines the scope of practice for registered nurse practitioners (RNP) in the rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>),

specifically:

A. An RNP shall 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 RNP's knowledge and experience.

B. In addition to the scope of practice permitted a registered nurse, a registered nurse practitioner, under A.R.S. §§ 32-1601(22) and 32-1606(B)(12), may perform the following acts within the limits of the population focus of certification (as found in the rules R-4-19-508):

1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria.

2. For a patient who requires the services of a healthcare facility:
  - a. Admit the patient to the facility,
  - b. Manage the care the patient receives in the facility, and
  - c. Discharge the patient from the facility.
3. Order and interpret laboratory, radiographic, and other diagnostic tests, and perform those tests that the RNP is qualified to perform.
4. Prescribe, order, administer and dispense therapeutic measures including pharmacologic agents and devices if authorized under R4-19-511, and non pharmacological interventions including, but not limited to, durable medical equipment, nutrition, home health care, hospice, physical therapy and occupational therapy.
5. Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health.
6. Perform therapeutic procedures that the RNP is qualified to perform.
7. Delegate therapeutic measures to qualified assistive personnel including medical assistants under R4-19-509.
8. Perform additional acts that the RNP is qualified to perform and that are generally recognized as being within the role and population focus of certification.

C. An RNP shall only provide health care services including prescribing and dispensing within the RNP's population focus and role and for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice. RNPs can add a skill to their scope, but the skill *cannot* be added through on-the-job training, supervision of a physician, by following a physician's order only, or by the "see one, do one, teach one" approach. When there are circumstances where there is not academic or supervised clinical training available, research, evidenced-based practice and on the job training may be used, but must be carefully documented with measurable goals and outcomes identified. Keep in mind, when adding a new skill, the skill must be in the scope of practice for the RNP.

### **3. Can a registered nurse practitioner (RNP) practice in acute care?**

The Board does not regulate where the RNP practices; rather, the Board regulates what the RNP practices. In the Nurse Practice Act, rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>) it states that a nurse practitioner will practice within the scope of practice for which the nurse practitioner "*is educationally prepared and for which competency has been established and maintained.*" This means that the RNP scope is limited to what the RNP program prepared the nurse to do. While experience lends itself to knowledge, it does not replace educational preparation. A nurse practitioner (NP) can work in any environment (office, mobile clinic, hospital, ICU, etc.) but NP services are limited to their educational preparation. Likewise, an Acute Care Nurse Practitioner (ACNP) practice is limited to the educational preparation of the unstable or acutely ill patient.

There are always going to be gray areas in practice, such as the patient that becomes unstable in the office of an NP, but your job as an NP (for example) is to stabilize and transfer. Likewise, with the unstable patient who now needs chronic, follow-up care, the job of the ACNP is to transfer the care to a primary care provider.

### **4. What is the scope of practice for a family nurse practitioner (FNP)?**

In addition to the scope of practice defined by the Standards Related to Registered Nurse Practitioner

Scope of Practice rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>)

FNPs are educationally prepared to care for individuals and families across the lifespan. The FNP role includes preventative healthcare, as well as the assessment, diagnosis, and treatment of acute and chronic illness and preventative health care for individuals and families. The FNP manages common acute and chronic physical and mental illnesses, including medically stable patients with acute exacerbations and injuries across the lifespan to minimize the development of complications and promote function and quality of living. Additional information regarding family nurse practitioner competencies can be found on The National Organization of Nurse Practitioner Faculties (NONPF) website (<https://www.nonpf.org>).

Details of the nurse practitioner roles and functions are noted in the Advisory Opinion: Nurse Practitioner Description of Roles and Functions

(<https://www.azbn.gov/sites/default/files/2020-12/AO%20NURSE%20PRACTITIONER%20DESCRIPTION%20OF%20ROLE%20AND%20FUNCTIONS%20rev.2020.05.pdf>).

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**5. Can a registered family nurse practitioner work in the Emergency Room (ER) if they had experience as a registered nurse (RN) in the ER?**

Your experience as an RN in the ER cannot count towards working as a family nurse practitioner in the ER. According to the rule R4-19-508(C)

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>), a family nurse practitioner shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

See question #3 regarding the practice environment.

Review the Advisory Opinion: Scope of Practice Decision Tree

(<https://www.azbn.gov/sites/default/files/2019-12/AO%20Decision%20Tree-rev.12.2019.pdf>)

to assist with determining activities/skills within your scope of practice.

**6. Can a family nurse practitioner (FNP) treat psychiatric conditions such as bipolar disorder? Diagnose Attention Deficit Disorder (ADD)? Address mental health conditions and prescribe psychotropic medications?**

An FNP can screen for psychiatric illnesses and treat common psychiatric conditions such as depression and anxiety. It is not in the scope of practice for an FNP to diagnose or manage other psychiatric illnesses.

An FNP can screen for attention deficit disorder (ADD), just as they can screen for bipolar disorder, however, a diagnosis for either requires more than a screening tool. An FNP, as a generalist, can renew prescriptions for a psych mental health medication, in collaboration with a specialist. However, once that patient becomes unstable, needing medication or dose changes, that patient has evolved outside the scope of a generalist and for the time being, requires the care of a specialist until that patient again becomes stabilized. Many psychiatric symptoms can also manifest from other disease

processes, i.e. dysfunctional thyroid, therefore, the collaboration between primary care and psych mental health is imperative to ensure the best outcome of the patient, and a requirement as the standard of care.

In general, rule R4-19-508(C)

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>) states a registered nurse practitioner (RNP) shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice. In addition, RNPs shall practice within one or more population foci, consistent with their education and certification.

Board staff cite areas of the Nurse Practice Act/Advisory Opinions that may assist you, but cannot interpret the statute and rules as applied to your specific situation, as that can be construed as giving you legal advice. Only the Board members, during a public meeting, can determine whether a nurse performed outside the scope of practice for her/his education and licensure.

## **7. What is the scope of practice for an acute care nurse practitioner (ACNP)?**

In addition to the scope of practice defined by the Standards Related to Registered Nurse Practitioner (RNP) Scope of Practice rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), the role of the ACNP is to provide advanced nursing care across the continuum of health care services to meet the specialized physiologic and psychologic needs of patients with complex acute, critical, and chronic health conditions. This care is continuous and comprehensive. The population in acute care practice includes acutely and critically ill patients experiencing episodic illness, exacerbation of chronic illness, or terminal illness. Based on educational preparation, ACNPs practice with a focus on a variety of specialty-based populations including neonatal, pediatric, and adult. The ACNP practices in any setting in which patient care requirements include complex monitoring and therapies, high-intensity nursing intervention, or continuous nursing vigilance within the range of high-acuity care. While most ACNPs practice in acute care and hospital-based settings including sub-acute care, emergency care, and intensive care settings, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care, and rehabilitative care.

According to The National Organization of Nurse Practitioner Faculties (NONPF) website (<https://www.nonpf.org>), the ACNP population of care is acutely and critically ill patients experiencing episodic illness, exacerbation of chronic illness, or terminal illness.

Details of the nurse practitioner roles and functions are noted in the Advisory Opinion: Nurse Practitioner Description of Roles and Functions

(<https://www.azbn.gov/sites/default/files/2020-12/AO%20NURSE%20PRACTITIONER%20DESCRIPTION%20OF%20ROLE%20AND%20FUNCTIONS%20rev.2020.05.pdf>).

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## 8. What is the scope of practice for a pediatric nurse practitioner (PNP)?

In addition to the scope of practice defined by the Standards Related to Registered Nurse Practitioner Scope of Practice rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>), the role of the *primary care pediatric nurse practitioner* is to provide care to children from birth through young adults with in-depth knowledge and experience in pediatric primary health care including well-child care and prevention/management of common pediatric acute illnesses and chronic conditions. This care is provided to support the optimal health of children within the context of their family, community, and environmental setting. Although primary care pediatric nurse practitioners practice primarily in private practices and ambulatory clinics, their scope of practice may also extend into the inpatient setting and is based upon the needs of the patient. Additional information regarding primary care pediatric nurse practitioner competencies can be found on The National Organization of Nurse Practitioner Faculties (NONPF) website (<https://www.nonpf.org>).

In addition to the scope of practice defined by the Standards Related to Registered Nurse Practitioner Scope of Practice rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>), the role of the *acute care pediatric nurse practitioner* (ACPNP) is to provide care for children with complex acute, critical and chronic illness across the entire pediatric age spectrum, from birth to young adulthood. According to The National Organization of Nurse Practitioner Faculties (NONPF), circumstances may occur in which a patient, due to age, may fall outside the defined ACPNP population but by virtue of special need requires continued care by the ACPNP. The ACPNP implements the full scope of the role through assessment, diagnosis and management with interventions for patients and their families and provides a continuum of care ranging from disease prevention to critical care. Patients may be seen across the continuum of care settings and require ongoing monitoring and intervention. Additional information regarding ACPNP competencies can be found on the NONPF website (<https://www.nonpf.org>).

Details of the nurse practitioner roles and functions are noted in the Advisory Opinion: Nurse Practitioner Description of Roles and Functions

(<https://www.azbn.gov/sites/default/files/2020-12/AO%20NURSE%20PRACTITIONER%20DESCRIPTION%20OF%20ROLE%20AND%20FUNCTIONS%20rev.2020.05.pdf>).

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## 9. What is the age range a pediatric nurse practitioner can see?

According to The Nurse Practice Act, rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>), your scope is limited to what your educational program prepared you for. Your educational institution determines the age range for a pediatric nurse practitioner. Education programs vary and no one standard for specific ages exists. You will need to contact your educational institution regarding the age range you were educationally prepared for.

## 10. What is the scope of practice for a neonatal nurse practitioner (NNP)?

In addition to the scope of practice defined by the Standards Related to Registered Nurse Practitioner Scope of Practice rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), the role of the NNP is to provide health care to neonates, infants, and children up to 2 years of age. According to The National Organization of Nurse Practitioner Faculties (NONPF), competencies are identified by the professional organization, along with an established set of standards that protect the public, ensuring patients' access to safe, high-quality care. Additional information regarding the NNP competencies can be found on the NONPF website (<https://www.nonpf.org>).

Details of the nurse practitioner roles and functions are noted in the Advisory Opinion: Nurse Practitioner Description of Roles and Functions

(<https://www.azbn.gov/sites/default/files/2020-12/AO%20NURSE%20PRACTITIONER%20DESCRIPTION%20OF%20ROLE%20AND%20FUNCTIONS%20rev.2020.05.pdf>).

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## 11. What is the scope of practice for an adult-gerontology nurse practitioner (AGNP)?

In addition to the scope of practice defined by the Standards Related to Registered Nurse Practitioner Scope of Practice rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), the role of the **adult-gerontology primary care nurse practitioner** (AG PCNP) is to provide primary care services to the adult-gerontology age spectrum across the continuum of care from wellness to illness, including preventive, chronic, and acute conditions. The AG PCNP provides care for most health needs and coordinates additional health care services that are beyond the AG PCNP's area of expertise. The scope of practice of the AG PCNP is not setting specific but is based on patient care needs. Additional information regarding AG PCNP competencies can be found on The National Organization of Nurse Practitioner Faculties (NONPF) website (<https://www.nonpf.org>).

Details of the nurse practitioner roles and functions are noted in the Advisory Opinion: Nurse Practitioner Description of Roles and Functions

(<https://www.azbn.gov/sites/default/files/2020-12/AO%20NURSE%20PRACTITIONER%20DESCRIPTION%20OF%20ROLE%20AND%20FUNCTIONS%20rev.2020.05.pdf>).

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## 12. What is the age range for an adult-gerontology nurse practitioner?

According to The Nurse Practice Act, rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), your scope is limited to what your educational program prepared you for. Your educational institution determines the age range for an adult/geriatric nurse practitioner. Education programs vary and no one standard for specific ages exists. You will need to contact your educational institution regarding the age range you were educationally prepared for.



### **13. Can an adult-gerontology primary care nurse practitioner (AG PCNP) treat psychiatric conditions such as bipolar disorder?**

An AG PCNP can screen for psychiatric illnesses and treat common psychiatric conditions such as depression and anxiety. It is not in the scope of practice for an AG PCNP to diagnose or manage other psychiatric illnesses.

An AG PCP, as a generalist, can renew prescriptions for a psych mental health medication, in collaboration with a specialist. However, once that patient becomes unstable, needing medication or dose changes, that patient has evolved outside the scope of a generalist and for the time being, requires the care of a specialist until that patient again becomes stabilized. Many psychiatric symptoms can also manifest from other disease processes, i.e. dysfunctional thyroid, therefore, the collaboration between primary care and psych mental health is imperative to ensure the best outcome of the patient, and a requirement as the standard of care.

In general, rule R4-19-508(C)

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>) states a Registered Nurse Practitioner (RNP) shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice. In addition, RNPs shall practice within the population foci, consistent with their education and certification.

Board staff cite areas of the Nurse Practice Act/Advisory Opinions that may assist you, but cannot interpret the statute and rules as applied to your specific situation, as that can be construed as giving you legal advice. Only the Board members, during a public meeting, can determine whether a nurse performed outside the scope of practice for her/his education and licensure.

### **14. What is the scope of practice for a psych/mental health nurse practitioner (PMHNP)?**

In addition to the scope of practice defined by the Standards Related to Registered Nurse Practitioner Scope of Practice rule R4-19-508

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), the role of the PMHNP “focuses on individuals across the lifespan (infancy through old age), families, and populations at risk for developing and/or having a diagnosis of psychiatric disorders or mental health problems. The PMHNP provides primary mental health care to patients seeking mental health services in a wide range of settings. Primary mental health care provided by the PMHNP involves relationship-based, continuous and comprehensive services, necessary for the promotion of optimal mental health, prevention, and treatment of psychiatric disorders and health maintenance. This includes assessment, diagnosis, and management of mental health and psychiatric disorders across the lifespan” (The National Organization for Nurse Practitioner Faculties [NONPF]).

Additional information regarding PMHNP competencies can be found on the NONPF website:

(<https://www.nonpf.org>).

Details of the nurse practitioner roles and functions are noted in the Advisory Opinion: Nurse Practitioner Description of Roles and Functions

(<https://www.azbn.gov/sites/default/files/2020-12/AO%20NURSE%20PRACTITIONER%20DESCRIPTION%20OF%20ROLE%20AND%20FUNCTIONS%20rev.2020.05.pdf>).

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

### **15. What is the scope of practice for a women’s health nurse practitioner (WHNP)?**

In addition to the scope of practice defined by the Standards Related to Registered Nurse Practitioner Scope of Practice rule R4-19-508 (<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>), the role of the WHNP is to provide “primary care to women across the life cycle with emphasis on conditions unique to women from menarche through the remainder of their life cycle within the context of socio-cultural environments – interpersonal, family, and community” (The National Organization for Nurse Practitioner Faculties (NONPF)). Additional information regarding WHNP competencies can be found on the NONPF website (<https://www.nonpf.org>).

WHNPs cannot treat male patients with exception of issues involving fertility and reproduction.

Details of the nurse practitioner roles and functions are noted in the Advisory Opinion: Nurse Practitioner Description of Roles and Functions (<https://www.azbn.gov/sites/default/files/2020-12/AO%20NURSE%20PRACTITIONER%20DESCRIPTION%20OF%20ROLE%20AND%20FUNCTIONS%20rev.2020.05.pdf>).

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

### **16. Can a registered nurse practitioner (RNP) care for transsexual, transgender, and gender-nonconforming populations and administer hormone therapy for gender affiliation?**

According to the Advisory Opinion: APRN Care for Transsexual, Transgender, and Gender Nonconforming populations (<https://www.azbn.gov/sites/default/files/2019-12/AO%20APRN%20Care%20for%20Transsexual%20C%20Transgender%20and%20Gender%20Nonconforming%20Pop%20.pdf>), it is within the scope of practice for an RNP to provide care to gender nonconforming populations including prescribing and dispensing within the RNP’s population focus and role for which the RNP is educationally prepared and for which competency has been established and maintained. Population focus includes gender nonconforming populations as it relates to the educational background of the practitioner.

Adding competency, beyond what exists within the RNPs scope of practice, for specific aspects of care to gender non-conforming populations, requires educational preparation such as academic coursework or continuing education activities, which includes both theory and supervised clinical practice and competency assessment. Administration of hormone therapy for gender affirmation is appropriate for primary care providers within their population focus, who have undergone appropriate training.

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

### **17. How can I add skills to my scope of practice as a registered nurse practitioner (RNP)?**

According to the Standards Related to Registered Nurse Practitioner (RNP) Scope of Practice in the Nurse Practice Act, rule R4-19-508(C)

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), an RNP practices within the scope of practice for which the nurse practitioner (NP) is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

It is important for the nurse to realize that “on-the-job training” is not sufficient to add a skill if that skill was not part of the RNP’s program curriculum. Also, a common misconception is that the procedure in question is allowable if the RNP has physician “supervision” or “oversight”. In Arizona, RNPs are autonomous, and therefore, the scope of practice cannot be expanded through the supervision of a physician or by following a physician’s order.

This means that the RNP scope is limited to what the NP program prepared the nurse to do through additional academic course work or continuing education. Though skills relating to your population foci can be added to your scope of practice, the scope cannot be expanded to another population foci.

Knowing the population focus for your certification is important because it helps to define your scope of practice. According to rule R4-19-508(B)(8) (<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), an RNP may perform additional acts that the RNP is qualified to perform and that are generally recognized as being within the role and population focus of their certification.

As Board staff, we can cite areas of the Nurse Practice Act/Advisory Opinions that may assist you, but we cannot interpret the statute and rules as applied to your specific situation- as that can be construed as giving you legal advice. Only the Board members, during a public meeting, can determine whether a nurse performed outside the scope of practice for her/his education and licensure.

### **18. Can a registered nurse practitioner (RNP) practice in roles that are outside of their area of certification?**

According to the Standards Related to Registered Nurse Practitioner (RNP) Scope of Practice in the Nurse Practice Act, rule R4-19-508(C)

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>)

An RNP practice within the scope of practice for which the nurse practitioner (NP) is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

This means that the RNP scope is limited to what the NP program prepared the nurse to do. Though skills relating to your population foci can be added to your scope of practice, the scope cannot be expanded to another population foci.

Specific skills/activities which have advisory opinions include:

- Acupuncture Procedures Performed by Advanced Practice Registered Nurses  
(<https://www.azbn.gov/sites/default/files/2021-04/AO%20ACUPUNCTURE%20PROCEDURES%20PERFORMED%20BY%20APRNs%203-2021.pdf>)
- Trigger Point Injection, Intraarticular Joint Injection, and Facet Joint Injection

<https://www.azbn.gov/sites/default/files/2019-09/AO-%20Trigger%20Point%2C%20Intraarticul ar%20Joint%2C%20Facet%20Joint%2C%20Transfoaminal%20Epidural%20and%20Medial%20 Branch%20Injections.pdf>

**19. Can a registered nurse practitioner (RNP) within the state of Arizona work as a registered nurse (RN)?**

It is acceptable to work as an RN, even when you are also certified as an RNP. The nurse/RNP is accountable to the educational standard of the highest nursing credential held. For example, an NP employed and paid as an RN remains accountable for the standard of practice of an NP. Review the Advisory Opinion: Dual Professional and Dual Health Care Licensure/Certification (<https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Dual%20Profession%20%26%20Dual%20Health%20Care%20Licensure%20Certification-rev.%207.2019.pdf>) for additional information.

**20. Can a registered nurse practitioner (RNP) sign death certificates?**

Nurse practitioners may sign death certificates unless disallowed by the NP's employer/facility policy. Completion of Death Certificate Education through the Department of Health Services is no longer *required* but remains available as a resource to assist RNPs in understanding how to complete the death certificate. Additional information can be found at: (<https://www.azbn.gov/news-and-events/death-certificate-training>)

**21. Can I use the title "Doctor" if I earned a DNP or PhD degree?**

There is nothing prohibiting you from using your academic degree. The title "Dr." is not a protected title, it is an academic award. However, when functioning in the capacity of a healthcare provider, in order to avoid the appearance of misrepresentation, you are required to state what your nursing credentials are. For example, "Hello I am Dr. Smith, I am a family nurse practitioner" is perfectly appropriate. That way there is no confusion on your credentials.

**22. I am a registered nurse practitioner (RNP), do I need a supervising physician?**

According to the Nurse Practice Act, rule R4-19-508(A) (<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), Arizona does not require physician supervision or collaboration for the independent practice of nurse practitioners (regardless of specialty). The requirement is for the RNP to consult with or refer clients to other health care providers when appropriate. However, institution policy may require physician supervision.

**23. Can a registered nurse practitioner (RNP) order, interpret, and perform laboratory, radiographic, or other diagnostic tests?**

According to the Advisory Opinion: Ionizing Radiation for Diagnostics Use (<https://www.azbn.gov/sites/default/files/2020-12/AO%20IONIZING%20RADIATION%20rev%202020.05.pdf>), an advanced practice registered nurse (APRN) can order, interpret, and perform laboratory, radiographic, and other diagnostic tests that they are qualified and educationally prepared to perform.

It is *not* within the scope of practice for an RNP, who does not have additional certification from the Arizona Radiology Regulatory Agency (ARRA), to use (operate a machine) ionizing radiation (including chest x-rays, Dual-Energy X-ray Absorptiometry (DEXA) scan, and fluoroscopy), or to perform any of the following acts during a radiologic procedure, either independently or under the direction or supervision of a licensed practitioner:

1. Position the patient for x-ray beam
2. Position the x-ray tube to acquire an image
3. Set exposure factors or initiate the exposure
4. Deliver ionizing radiation

**24. Can a registered nurse practitioner (RNP) fill out and sign FMLA paperwork?**

Yes, according to the United States Department of Labor (<https://www.dol.gov>), an RNP is permitted to complete FMLA paperwork.

**25. Can a registered nurse practitioner (RNP) authorize disability benefits?**

Yes, according to the Social Security Administration (<https://www.ssa.gov/disability/professionals/bluebook/revisions-rules.html>), an RNP is allowed to serve as a medical source for disability benefits.

**PRESCRIPTIVE AUTHORITY**

**26. Can a registered nurse practitioner (RNP) prescribe?**

If you are certified in Arizona and hold national certification as a registered nurse practitioner (RNP) or certified nurse-midwife and have prescribing and dispensing authority, you are allowed to prescribe drugs and devices. However, you must follow the rules related to prescribing as stated in rules R4-19-512 and R4-19-513 (<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>).

Prohibited acts for RNPs who have prescribing and dispensing authority are stated in rule R4-19-511 (<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>).

Advisory opinions regarding prescribing:

Controlled substances for the treatment of chronic pain (<https://www.azbn.gov/sites/default/files/2020-12/AO%20Controlled%20Substances%20for%20the%20Treatment%20of%20Chronic%20Pain%20rev.2020.05.pdf>)

Prescribing Buprenorphine and/or Providing Treatment for Opioid Use Disorders (<https://www.azbn.gov/sites/default/files/2020-12/AO%20PRESCRIBING%20BUPRENORPHINE%20and%20or%20PROVIDING%20TREATMENT%20for%20OPIOID%20USE%20DISORDERS%20rev.2020.05.pdf>)

Off label prescribing drugs, devices, and therapeutics

<https://www.azbn.gov/sites/default/files/2020-12/AO%20OFF%20LABEL%20DRUG%20PRESCRIBING%20rev.2020.05.pdf>

Prescriber use of the Controlled Substance Prescription Monitoring Program (CSPMP) (<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-prescriber-use-of-the-cspmp.pdf>)

**27. What is considered a prohibited act by a registered nurse practitioner (RNP) or certified nurse-midwife who prescribes or dispenses a drug or device?**

Prohibited acts for RNPs who have prescribing and dispensing authority are stated in rule R4-19- 511 (<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>). According to the rule, a practice that is or might be harmful to the health of a patient or the public includes one or more of the following:

1. Prescribing a controlled substance to oneself, a member of the nurse's family, or any other person with whom the nurse has a relationship that may affect the nurse's ability to use independent, objective and sound nursing judgment when prescribing (Review Advisory Opinion: Role of the Advanced Practice Registered Nurse: Treating and Prescribing of Medication to Self and/or Family (<https://www.azbn.gov/sites/default/files/2020-12/AO%20ROLE%20OF%20THE%20APRN%20TREATING%20PRESCRIBING%20MEDICATIONS%20TO%20SELF%20AND%20FAMILY%20rev.2020.05.pdf>));
2. Providing any controlled substance or prescription-only drug or device for other than accepted therapeutic purposes;
3. Delegating the prescribing and dispensing of drugs or devices to any other person;
4. Prescribing for a patient that is not in the registered nurse practitioner's population focus of education and certification except as authorized in subsection (D)(5)(d); and
5. Prescribing, dispensing, or furnishing a prescription drug or a prescription-only device to a person unless the nurse has examined the person and established a professional relationship, except when the nurse is engaged in one or more of the following:
  - a. Providing temporary patient care on behalf of the patient's regular treating and licensed health care professional;
  - b. Providing care in an emergency medical situation where immediate medical care or hospitalization is required by a person for the preservation of health, life, or limb;
  - c. Furnishing a prescription drug to prepare a patient for a medical examination; or
  - d. Prescribing antimicrobials to a person who is believed to be at substantial risk as a contact of a patient who has been examined and diagnosed with a communicable disease by the prescribing RNP even if the contact is not in the population focus of the registered nurse practitioner's certification.
6. Prescribing or dispensing any controlled substance or prescription-only drug or device in a manner that is inconsistent with other state or federal requirements.

An RNP shall not dispense a Schedule II Controlled Substance that is an opioid, except for an opioid that is for medication-assisted treatment for substance use disorders.

**28. Can a registered nurse practitioner (RNP) dispense drugs and devices to patients?**

If you hold an Arizona registered nurse license or a compact state license with multi-state privileges and a nurse practitioner certificate with prescribing and dispensing authority in Arizona, you are allowed to dispense drugs and devices to patients. However, you must follow the rules related to dispensing as stated in rule R4-19-513

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>).

Prohibited acts for RNPs who have prescribing and dispensing authority are stated in rule R4-19-511 (<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>).

**29. Can a registered nurse practitioner (RNP) dispense drug samples?**

Yes, according to the rule R4-19-513

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>),

An RNP granted prescribing and dispensing authority by the Board may:

1. Dispense drugs and devices to patients;
2. Dispense samples of drugs packaged for individual use without a prescription order or additional labeling;
3. Only dispense drugs and devices obtained directly from a pharmacy, manufacturer, wholesaler, or distributor; and
4. Allow other personnel to assist in the delivery of medications provided that the RNP retains responsibility and accountability for the dispensing process.

**30. Can a registered nurse practitioner (RNP) prescribe controlled substances?**

Yes, according to rule R4-19-512(B), (C)(1-3), (D)

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), an RNP with prescribing and dispensing authority who wishes to prescribe a controlled substance shall obtain a Drug Enforcement Administration (DEA) registration number before prescribing a controlled substance. The RNP shall file the DEA registration number with the Board. In the state of Arizona, an RNP with an active DEA license is able to prescribe, order, administer, and procure Schedule 2, 2N, 3, 3N, 4, 5 substances

([https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp\\_by\\_state.pdf](https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf)). This does not include Schedule 1 drugs such as marijuana. An RNP whose DEA registration is revoked or expired shall not prescribe controlled substances. An RNP whose DEA registration is revoked or limited shall report the action to the Board.

**31. Can a registered nurse practitioner (RNP) prescribe and/or administer marijuana in Arizona?**

No, marijuana is a Schedule I drug according to the Controlled Substances Act

(<https://www.deadiversion.usdoj.gov/schedules/>) and in accordance with the Drug Enforcement Administration's (DEA) mid-level practitioner authorization by state, RNPs cannot prescribe, order, administer, or procure Schedule I substances. In the state of Arizona, an RNP with an active DEA license is able to prescribe, order, administer, and procure Schedule 2, 2N, 3, 3N, 4, 5 substances ([https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp\\_by\\_state.pdf](https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf)).

A list of controlled substances and their schedules are found on the DEA website (<https://www.deadiversion.usdoj.gov/schedules/#list>).

Examples and descriptions of Schedule 1, 2, 2N, 3, 3N, 4, 5 substances are found on the DEA website ([https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp\\_by\\_state.pdf](https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf)).

### **32. Can a registered nurse practitioner (RNP) treat substance abuse?**

It is within the RNP scope of practice (adult and geriatric nurse practitioner, psychiatric mental health nurse practitioner, certified nurse-midwife, women's health nurse practitioner, pediatric nurse practitioners, or family nurse practitioner) to prescribe buprenorphine (Suboxone) and/or treat opioid use disorders within the population focus in which the nurse is certified if the RNP has obtained prescribing and dispensing authority from the Board of Nursing and is granted authority from the U.S. Drug Enforcement Administration. An RNP shall only provide healthcare services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained.

Details are noted in the Advisory Opinion: Prescribing Buprenorphine and/or Providing Treatment for Opioid Use Disorders

(<https://www.azbn.gov/sites/default/files/2020-12/AO%20PRESCRIBING%20BUPRENORPHINE%20and%20or%20PROVIDING%20TREATMENT%20for%20OPIOID%20USE%20DISORDERS%20rev.2020.05.pdf>).

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

### **33. Can registered nurse practitioners (RNP) prescribe Buprenorphine (Suboxone)?**

It is within the Scope of Practice of the (adult and geriatric nurse practitioner, psychiatric mental health nurse practitioner, certified nurse-midwife, women's health nurse practitioner, pediatric nurse practitioners or family nurse practitioner) to prescribe buprenorphine and/or treat opioid use disorders within the population focus in which the nurse is certified if the RNP has obtained prescribing and dispensing authority from the Board of Nursing and is granted authority from the U.S. Drug Enforcement Administration. A RNP shall only provide healthcare services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained.

Details are noted in the Advisory Opinion: Prescribing Buprenorphine (Suboxone) and/or Providing Treatment for Opioid Use Disorders

(<https://www.azbn.gov/sites/default/files/2020-12/AO%20PRESCRIBING%20BUPRENORPHINE%20and%20or%20PROVIDING%20TREATMENT%20for%20OPIOID%20USE%20DISORDERS%20rev.2020.05.pdf>).

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

### **34. Should a registered nurse practitioner (RNP) with a DEA license register and use the Controlled Substance Monitoring Program (CSPMP)?**

Yes, according to the Advisory Opinion: Prescriber Use of the Controlled Substance Prescription



Monitoring Program (CSPMP)

(<https://www.azbn.gov/sites/default/files/advisory-opinions/ao-prescriber-use-of-the-cspmp.pdf>).

Since it is within the scope of practice of the RNP to prescribe controlled substances as long as they have obtained prescribing and dispensing authority from the Board of Nursing and authority from the U.S. Drug Enforcement Agency, the prescribing RNP can mitigate risk of harm to the patient and the public when prescribing controlled medications by utilizing the Arizona Controlled Substance Prescription Monitoring Program (CSPMP).

In accordance with A.R.S. § 36-2606, every RNP with a current DEA license will register and utilize the CSPMP.

1. Effective October 1, 2017, or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a prescriber shall obtain a patient CSPMP utilization report for at minimum the preceding twelve months, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV, at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment.
2. Medical record documentation shall note that a CSPMP review was conducted and is or is not consistent with prescribed medication therapy and there are no obvious signs of aberrant behavior, or if CSPMP is not consistent and/or there are aberrant behaviors; include documentation about adherence to or deviation from the provider's treatment plan based on CSPMP results.

The RNP should be aware that not all pharmacies or health care facilities report to the CSPMP database. Additionally, as the data is entered by pharmacy staff, human error is a possibility and should be considered when adjusting prescribing practices. If the validity of a CSPMP report is in question, the RNP should verify the data with the patient's pharmacy prior to prescribing.

Arizona State Board of Pharmacy CSPMP website (<https://pharmacypmp.az.gov>)

### **35. Do I need to register with the Board of Pharmacy if I don't have a DEA number?**

No, if you do not have an active DEA number you do not enroll in the CSPMP program.

### **36. Can a registered nurse practitioner (RNP) prescribe Phentermine? Do I need a specific license?**

According to the Drug Enforcement Agency (DEA), this drug is classified as a Schedule IV controlled substance therefore in order to prescribe the medication an RNP must have an active DEA license (<https://www.deadiversion.usdoj.gov/drugreg/index.html#2>). In the state of Arizona, an RNP with an active DEA license is able to prescribe, order, administer, and procure Schedule 2, 2N, 3, 3N, 4, 5 substances ([https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp\\_by\\_state.pdf](https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf)).

### **37. How does a registered nurse practitioner (RNP) sign their name on prescriptions?**

According to the Nurse Practice Act rule R4-19-512(F) (<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), an RNP with prescribing and dispensing authority shall ensure that all prescription orders contain the following:

1. The RNP's name, address, telephone number, and population focus;
2. The prescription date;
3. The name of the patient and either the address of the patient or a blank for the address if the prescription is not being dispensed by the RNP;
4. The full name of the drug, strength, dosage form, and directions for use;
5. The letters “DAW”, “dispense as written”, “do not substitute”, “medically necessary” or any similar statement on the face of the prescription form if intending to prevent substitution of the drug;
6. The RNP's DEA registration number, if applicable; and
7. The RNP's signature.

**38. Can office personnel call in a prescription for a registered nurse practitioner (RNP)?**

According to the Nurse Practice Act rule R4-19-513(H) (<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>), under the supervision of an RNP with prescribing and dispensing authority, other personnel may:

1. Receive and record a prescription refill request from a patient or a patient's representative;
2. Receive and record a verbal refill authorization from the RNP including:
  - The RNP's name;
  - Date of refill;
  - Name, directions for use, and quantity of drug; and
  - Manufacturer and lot number;
3. Prepare and affix a prescription label; and
4. Prepare a drug or device for delivery, provided that the dispensing RNP:
  - Inspects the drug or device and initials the label before issuing to the patient to ensure compliance with the prescription; and
  - Ensures that the patient is informed of the name of the drug or device, directions for use, precautions, and storage requirements.

**39. Can a registered nurse practitioner (RNP) order chemotherapy?**

According to rule R4-19-508(C) (<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>), an RNP shall only provide health care services including prescribing and dispensing within the RNP's population focus and role and for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

In many cases though, the ability of an RNP to order chemotherapy is dependent upon hospital/organization policy.

**40. Can I write bridge prescriptions for scheduled medications on a patient I have not seen previously, for other providers who work at the same place, until they can be seen by their provider?**

Yes, according to rule R4-19-511(D)(5)(a-d) (<https://drive.google.com/file/d/1cJCcKUPj5AUB3lDfTmHDSG7Vq20ZxuOA/view>)

A registered nurse practitioner (RNP) prescribing, dispensing, or furnishing a prescription drug or a prescription-only device to a person is required to examine the person and establish a professional relationship except when the NP is engaging in one or more of the following:

- a. Providing temporary patient care on behalf of the patient's regular treating and licensed health care professional;
- b. Providing care in an emergency medical situation where immediate medical care or hospitalization is required by a person for the preservation of health, life, or limb;
- c. Furnishing a prescription drug to prepare a patient for a medical examination; or
- d. Prescribing antimicrobials to a person who is believed to be at substantial risk as a contact of a patient who has been examined and diagnosed with a communicable disease by the prescribing RNP even if the contact is not in the population focus of the registered nurse practitioner's certification.

#### **41. Can a registered nurse practitioner (RNP) prescribe refills for Schedule controlled substances?**

Yes, according to rule R4-19-512(C)(1-3) (<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), an RNP with a DEA registration number may prescribe a Schedule III or IV controlled substance and a maximum of five refills in six months; and prescribe a Schedule V controlled substance and refills for a maximum of one year. No refills are allowed for Schedule II controlled substances but do allow for a 90-day prescription.

#### **42. Can a registered nurse practitioner (RNP) prescribe controlled substances for the treatment of chronic pain?**

Yes, according to rule R4-19-512(C)(1-3) (<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>) and the Advisory Opinion: The Use of Controlled Substances for the Treatment of Chronic Pain (<https://www.azbn.gov/sites/default/files/2020-12/AO%20Controlled%20Substances%20for%20the%20Treatment%20of%20Chronic%20Pain%20rev.2020.05.pdf>) an RNP can prescribe controlled substances for the population focus in which the nurse is certified and if the RNP has obtained prescribing and dispensing authority from the Board of Nursing and is granted authority from the U.S. Drug Enforcement Agency. An RNP shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Prior to prescribing opioids for chronic pain, the nurse practitioner shall complete at least 2 hours of continuing education in the use of opioid therapy for chronic pain.

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

#### **43. Is it within the psych/mental health nurse practitioner (PMHNP) scope of practice to address pain management and handle opioid prescription management?**

According to the Advisory Opinion: The Use of Controlled Substances for the Treatment of Chronic Pain (<https://www.azbn.gov/sites/default/files/2020-12/AO%20Controlled%20Substances%20for%20the%20Treatment%20of%20Chronic%20Pain%20rev.2020.05.pdf>), it is within the scope of practice of the registered nurse practitioner (RNP) to prescribe controlled substances for the population focus in

which the RNP is certified, and if the RNP has obtained prescribing and dispensing authority from the Board of Nursing, and is granted authority from the U.S. Drug Enforcement Agency. An RNP shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Prior to prescribing opioids for chronic pain, the nurse practitioner shall complete at least 2 hours of continuing education in the use of opioid therapy for chronic pain.

**44. Can a registered nurse practitioner (RNP) with prescribing and dispensing authority in the state of Arizona prescribe across state lines or in another state?**

No, an RNP may not prescribe in a state they are not certified in. A prescriber who mails, faxes, e-prescribes, or telephonically orders a prescription to an out-of-state pharmacy is practicing medicine in that state.

**45. Can a registered nurse practitioner (RNP) prescribe or recommend a prescription drug, device, or therapeutic off-label?**

Yes, according to the Advisory Opinion: Off Labeling Prescribing Drugs, Devices, and Therapeutics (<https://www.azbn.gov/sites/default/files/2020-12/AO%20OFF%20LABEL%20DRUG%20PRESCRIBING%20rev.2020.05.pdf>), it is within the scope of practice for a registered nurse practitioner (RNP) with prescribing privileges, to prescribe or recommend a prescription drug off-label, device and/or therapeutics based upon the RNP incorporation of knowledge derived from the RNP's advanced education, evidence-based research, and/or established practice standards within a RNP's area of expertise.

**46. Can a registered nurse practitioner (RNP) treat and/or prescribe medications for themselves or family?**

According to the Advisory Opinion: Role of the Advanced Practice Registered Nurse: Treating and Prescribing of Medication to Self and/or Family ([https://www.azbn.gov/sites/default/files/2020-12/AO%20ROLE%20OF%20THE%20APRN%20TREATING%20PRESCRIBING%20MEDICATIONS%20TO%20SELF%20AND\\_OR%20FAMILY%20rev.2020.05.pdf](https://www.azbn.gov/sites/default/files/2020-12/AO%20ROLE%20OF%20THE%20APRN%20TREATING%20PRESCRIBING%20MEDICATIONS%20TO%20SELF%20AND_OR%20FAMILY%20rev.2020.05.pdf)), advanced practice registered nurses (APRN) often find themselves in situations in which they may feel compelled to provide medical aspects of care, including prescribing medications, to themselves, their family members, or other individuals with whom they have a close personal relationship. The standard of care requires, absent an emergency or under limited circumstances, the APRN to treat only those patients for whom the APRN has and maintains clinical objectivity. Treating an individual, or one's self, where there exists a personal (non-professional) relationship may jeopardize the APRN's ability to maintain clinical objectivity and may prevent the patient from developing a therapeutic relationship with his or her own, independent healthcare provider, or may interfere with the treatment plan developed by the patient's established healthcare provider.

Legend or Non-Scheduled Pharmaceuticals, Diagnostics, and Therapies: The standard of practice requires that APRNs avoid treating themselves, family, or any other individuals with whom the nurse has a relationship that affects the nurse's ability to use independent, objective, and sound nursing judgment when prescribing, except when the nurse is engaged in one or more of the following:

- Treating minor, self-limiting conditions.
- Providing care in an emergency medical situation in which immediate medical care is required

for the preservation of health, life, or limb; and only when another qualified healthcare professional is not readily available.

When an APRN does provide care to self, family, or other individuals with whom the nurse has a relationship that may interfere with or affect the nurse's ability to use independent, objective, and sound clinical judgment, it is the APRN's responsibility to inform the patient's established healthcare provider of the treatment provided, when appropriate.

#### Controlled Substances:

It is a violation of the Nurse Practice Act to prescribe controlled substances to one's self or family.

#### **47. Can a registered nurse practitioner (RNP) prescribe essential oils?**

Essential oils are not a prescription and therefore are unregulated. According to the Advisory Opinion: Off Label Prescribing Drugs, Devices, and Therapeutics (<https://www.azbn.gov/sites/default/files/2020-12/AO%20OFF%20LABEL%20DRUG%20PRESCRIBING%20rev.2020.05.pdf>) an RNP using off-label medications or treatments should use sound clinical judgment, utilizing the following guidelines of responsible professional practice.

It is within the Scope of Practice for a registered nurse practitioner (RNP) with prescribing privileges, to prescribe or recommend a prescription drug off-label, device and/or therapeutics based upon the RNP incorporation of knowledge derived from the RNP's advanced education, evidence-based research, and/or established practice standards within an RNP's area of expertise.

#### **For the purposes of this Advisory Opinion:**

1. **Therapeutics:** is defined as the treatment and care of a patient for the purpose of both preventing and combating disease or alleviating pain or injury.
2. **Off-Label Prescribing:** is identified as the use of FDA-approved medications other than their intended indications and does not include those drugs or uses classified as experimental.

### **PROCEDURES**

#### **48. Can a registered nurse practitioner (RNP) use ionizing radiation or perform any acts associated with ionizing radiation?**

No, according to the Advisory Opinion: Ionizing Radiation for Diagnostics Use (<https://www.azbn.gov/sites/default/files/2020-12/AO%20IONIZING%20RADIATION%20rev%202020.05.pdf>), it is **not** within the scope of practice for an advanced practice registered nurse (APRN) who do not have additional certification from the Arizona Radiology Regulatory Agency (ARRA), to use (operate a machine) ionizing radiation (including chest x-rays, Dual-Energy X-ray Absorptiometry (DEXA) scan and fluoroscopy), or to perform any of the following acts during a radiologic procedure, either independently or under the direction or supervision of a licensed practitioner:

1. Position the patient for x-ray beam

2. Position the x-ray tube to acquire an image
3. Set exposure factors or initiate the exposure
4. Deliver ionizing radiation

**49. Can a registered nurse practitioner (RNP) do trigger point injections and intraarticular and facet joint injections?**

Yes, according to the Advisory Opinion: Trigger Point Injection, Intraarticular Joint Injection, and Facet Joint Injection

(<https://www.azbn.gov/sites/default/files/2019-09/AO-%20Trigger%20Point%2C%20Intraarticular%20Joint%2C%20Facet%20Joint%2C%20Transfoaminal%20Epidural%20and%20Medial%20Branch%20Injections.pdf>), it is within the scope of practice for an RNP with additional advanced training, to administer trigger point injections (with or without local anesthetic), intraarticular joint injections with or without ultrasound guidance, and facet joint injections, transforaminal epidural injections and medial branch blocks utilizing fluoroscopy, to patients consistent with the population focus of the RNP's certification, education, and training.

It is not in the scope of practice for an Advanced Practice Registered Nurse, Registered Nurse, or Licensed Practical Nurse to administer ionized radiation.

It is not in the scope of practice for a registered nurse who is not advanced practice or a practical nurse to administer trigger point injections, intraarticular joint injections, facet joint injections, transforaminal epidural injections, or medial branch blocks.

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**50. Can a registered nurse practitioner (RNP) perform acupuncture?**

Yes, according to the Advisory Opinion: Acupuncture Procedures Performed by Advanced Practice Registered Nurses

(<https://www.azbn.gov/sites/default/files/2021-04/AO%20ACUPUNCTURE%20PROCEDURES%20PERFORMED%20BY%20APRNs%203-2021.pdf>), an advanced practice registered nurse may provide acupuncture treatment to the appropriate population as long as documentation of satisfactory educational requirements from an approved acupuncture training program is on file and the criteria for the course of instruction has been fulfilled.

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**51. Can a registered nurse practitioner (RNP) perform osteopathic manipulation if they took a continuing education course?**

The AZ Board of Nursing does not regulate employers, other healthcare disciplines, or other professions.

According to the Advisory Opinion: Dual Profession & Dual Health Care Licensure/Certification (<https://www.azbn.gov/sites/default/files/advisory-opinions/new/AO%20Dual%20Profession%20%26%20Dual%20Health%20Care%20Licensure%20Certification-rev.%207.2019.pdf>), if a nurse (RN, LPN, or advanced practice registered nurse) who is also licensed or certified as and employed in a

different field becomes the subject of a complaint to the Board, the Board will review the complaint in relation to the nurse's highest level of nursing licensure, irrespective of employment.

**52. Can a registered nurse practitioner (RNP) work under a surgeon as a surgical first assist with only on-the-job training or do they need to be a registered nurse first assistant (RNFA)?**

According to the Advisory Opinion: Registered Nurse First Assistant – RNFA (<https://www.azbn.gov/sites/default/files/2020-09/AO%20Registered%20Nurse%20First%20Assistant%20-%20RNFA%20rev%209.2020.pdf>), it is within the scope of practice of a registered nurse (RN) who can demonstrate the necessary education, knowledge, judgment, certification, and skills, to practice as an RNFA, assisting the surgeon during surgical procedures. The RNFA is not authorized to independently perform a surgical procedure which is the primary purpose of the surgery.

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

**53. Can a registered nurse practitioner (RNP) prescribe HCG injections for weight loss?**

No, according to the Nurse Practice Act rule R4-19-511 (C) (<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), an RNP may not prescribe HCG injections for weight loss because HCG injections are not FDA-approved for weight loss and an RNP shall not prescribe or dispense drugs or devices without Board authority or in a manner inconsistent with law.

Important Information from the Food and Drug Administration (FDA) regarding Human Chorionic Gonadotropin (HCG)

(<https://www.fda.gov/consumers/consumer-updates/avoid-dangerous-hcg-diet-products>)

(<https://www.fda.gov/drugs/buying-using-medicine-safely/medication-health-fraud>)

- Human chorionic gonadotropin (HCG) is a hormone produced by the human placenta and found in the urine of pregnant women.
- HCG is FDA-approved for the treatment of select cases of female infertility and hormone treatment in men.
- FDA-approved HCG products are only available in injection form and require a prescription from a licensed medical professional.
- There are no FDA-approved HCG products for weight loss.

**Furthermore, According to the FDA:**

- Currently, there are no FDA-approved HCG drug products for weight loss.
- HCG has not been demonstrated to be an effective therapy in the treatment of obesity
- There is no substantial evidence that HCG increases weight loss.  
*“HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or ‘normal’ distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restricted diets.”*
- The FDA is aware that healthcare professionals sometimes prescribe prescription injectable HCG for unapproved uses such as weight loss.
- The FDA understands that sometimes approved products are used to treat conditions that the products were not approved for (i.e., “off-label” uses).
- The “off-label” use of products usually presents greater uncertainty about both the risks and

- benefits because less information is available on safety and effectiveness.
- Unexpected adverse events may occur in this context.
  - The FDA has received reports of serious adverse events associated with the use of HCG injections for weight loss including cases of pulmonary embolism, depression, cerebrovascular issues, cardiac arrest, and death.

#### **54. Can a registered nurse practitioner (RNP) perform medical esthetic procedures?**

According to the Advisory Opinion: Medical Aesthetic Procedures Performed by Licensed Nurses, Licensed Cosmetologist, Licensed Aestheticians and Certified Laser Technologists (<https://www.azbn.gov/sites/default/files/2021-04/AO%20Medical%20Esthetic%20Procedures%20Performed%20by%20Licensed%20Nurses%203-2021.pdf>), it is within the scope of practice of the advanced practice registered nurse (APRN) who can demonstrate the necessary education, knowledge, judgment, skills and licensure/certification, where applicable, to perform medical aesthetic procedures on the appropriate client population. An RNP shall only provide health care services within the RNP's population focus and role and for which the RNP is educationally prepared and for which competency has been established and maintained. For example, pediatric and neonatal nurse practitioners shall only provide health care services to a pediatric population, therefore these specialties cannot perform medical aesthetics on adults. Psych/mental health nurse practitioners are not educated nor trained in medical esthetic procedures and therefore it is not within their scope of practice to perform them.

However, APRNs could perform medical esthetics as a registered nurse working within a registered nursing role. In the registered nursing role, the APRN is required to demonstrate the necessary education, knowledge, judgment, skills, and licensure/certification for medical esthetics/cosmetic procedures. These medical esthetic procedures shall be performed under the supervision of a licensed independent practitioner (LIP) who has medical/surgical training and possesses specific knowledge, skills and abilities in medical esthetics/cosmetic procedures.

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

#### **55. Can a registered nurse practitioner (RNP) serve as a medical director for aesthetic facilities?**

According to the Advisory Opinion: Medical Aesthetic Procedures Performed by Licensed Nurses, Licensed Cosmetologist, Licensed Aestheticians and Certified Laser Technologists (<https://www.azbn.gov/sites/default/files/2021-04/AO%20Medical%20Esthetic%20Procedures%20Performed%20by%20Licensed%20Nurses%203-2021.pdf>), an advanced practice registered nurse (APRN) in accordance of state statutes and rules may assume responsibilities as a medical director, overseeing the care and treatment provided by APRN, RN's, LPN's, certified nursing assistants and unlicensed personnel consistent with R4-19-101 (<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>). One of the medical director's responsibilities includes the maintenance of education, competency, and certification for the medical aesthetic procedures under their supervision.

Although pediatric, neonatal, and psych/mental health nurse practitioners are APRNs, they are not educated nor trained in medical aesthetic procedures or these procedures are outside of their population foci. Therefore, it is not within the scope of practice for these specialties to perform medical esthetic procedures nor serve as a medical director for aesthetic facilities.



Medical director responsibilities include but are not limited to:

- A. Provide health care services including prescribing and dispensing within the APRN's population focus and role. APRN R4-19-508 (C).
- B. APRN must maintain education, competency, and certification for the procedures under the supervision of the medical director.
- C. The medical director provides guidance, leadership, and training to staff.
- D. The medical director is responsible for the review, approval, and maintenance of written policy for all office procedures.
- E. Must be available to staff at any time during business hours.
- F. Must comply with state requirements for medical director role in outpatient facilities.

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

### **56. What is the role and population focus of a registered nurse practitioner (RNP)?**

The Nurse Practice Act recognizes the RNP as an advanced practice registered nurse (APRN). According to the Nurse Practice Act rule R4-19-501

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), RNPs practice within one or more population foci, consistent with their education and certification. Population foci include:

- 1. Family-individual across the life span;
- 2. Adult-gerontology primary or acute care;
- 3. Neonatal;
- 4. Pediatric primary or acute care;
- 5. Women's health-gender related;
- 6. Psychiatric-mental health;
- 7. For Certified Nurse Midwives, women's health gender-related including childbirth and neonatal care;
- 8. Other foci that have been recognized by the Board previously and new foci that meet the specified conditions as described in the rules.

### **57. Can a registered nurse practitioner (RNP) delegate patient care tasks to medical assistants?**

Yes, according to the Nurse Practice Act rule R4-19-509

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), a registered nurse practitioner (RNP) may delegate patient care to a medical assistant in an office or outpatient setting. The RNP shall verify that a medical assistant to whom the RNP delegates meet at least one of the following qualifications:

- 1. Completed an approved medical assistant training program as defined in A.A.C. R4-16-101(3);
- 2. If a graduate of an unapproved medical assistant training program, passed the medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists;
- 3. Completed an unapproved medical assistant training program and was employed as a medical assistant on a continuous basis since completion of the program before February 2, 2000;

4. Was directly supervised by the same registered nurse practitioner for at least 2000 hours before February 2, 2000; or
5. Completed a medical services training program of the Armed Forces of the United States.

**58. What patient care acts can the registered nurse practitioner (RNP) delegate to a medical assistant?**

According to the Nurse Practice Act rule R4-19-509

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), a registered nurse practitioner (RNP) may delegate the following acts to a medical assistant who is under the direct supervision of the RNP and demonstrates competency in the performance of the act:

1. Obtain vital signs;
2. Perform venipuncture and draw blood;
3. Perform capillary puncture;
4. Perform pulmonary function testing;
5. Perform electrocardiography;
6. Perform patient screening using established protocols;
7. Perform dosage calculations as applicable to written orders;
8. Apply pharmacology principles to prepare and administer oral, inhalant, topical, otic, optic, rectal, vaginal, and parenteral medications (excluding intravenous medications);
9. Maintain medication and immunization records;
10. Assist provider with patient care;
11. Perform Clinical Laboratory Improvement Amendments (CLIA) waived hematology, chemistry, urinalysis, microbiological, and immunology testing;
12. Screen test results;
13. Obtain specimens for microbiological testing;
14. Obtain patient history;
15. Instruct patients according to their needs to promote health maintenance and disease prevention;
16. Prepare a patient for procedures or treatments;
17. Document patient care and education;
18. Perform first aid procedures;
19. Perform whirlpool treatments;
20. Perform diathermy treatments;
21. Perform electronic galvitation stimulation treatments;
22. Perform ultrasound therapy;
23. Perform massage therapy (subject to regulation by massage therapy board);
24. Apply traction treatments;
25. Apply Transcutaneous Nerve Stimulation unit treatments;
26. Apply hot and cold pack treatments; and
27. Administer small volume nebulizer treatments

**59. Can a registered nurse practitioner (RNP) delegate to a medical assistant or other personnel the processing of a medication refill request?**

No, according to the Nurse Practice Act rule R4-19-509

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>), a registered nurse practitioner (RNP) may delegate certain acts to a medical assistant who is under the direct

supervision of the RNP and demonstrates competency in the performance of the act. Processing medication refills are NOT included in the list of acts.

According to the the Nurse Practice Act rule R4-19-513

(<https://drive.google.com/file/d/1cJCcKUPj5AUB3IDfTmHDSG7Vq20ZxuOA/view>)

An RNP granted prescribing and dispensing authority by the Board may:

1. Dispense drugs and devices to patients;
2. Dispense samples of drugs packaged for individual use without a prescription order or additional labeling;
3. Only dispense drugs and devices obtained directly from a pharmacy, manufacturer, wholesaler, or distributor; and
4. Allow other personnel to assist in the delivery of medications provided that the RNP retains responsibility and accountability for the dispensing process.

Based on this rule, the prescriber follows the above rules, applies the appropriate labeling, and bags the medication. Other personnel may then give the bag to the patient, after verification of the correct patient is complete.

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**

#### **60. Can an advanced practice registered nurse (APRN) administer and monitor IV Ketamine?**

The board recognizes the registered nurse practitioner (RNP) as an advanced practice registered nurse (APRN). According to the Advisory Opinion: Administration and Monitoring of Subanesthetic IV Ketamine

(<https://www.azbn.gov/sites/default/files/2020-07/AO%20ADMINISTRATION%20AND%20MONITORING%20OF%20SUBANESTHETIC%20IV%20KETAMINE%20%282%29.pdf>),

the management of intravenous (IV) Ketamine in sub-anesthetic doses is within the Scope of Practice for an advanced practice registered nurse (APRN), based upon knowledge derived from the APRN's advanced education, evidence-based research, and/or established practice standards within an APRN's area of expertise, and in accordance with state rule R4-19-508(F) under A.R.S. §§ 32-1601(19) and 32-1606(B)(12). The APRN may perform additional acts that the APRN is qualified to perform and that are generally recognized as being within the role and population focus of certification. It is not within the advanced practice registered nurse's scope of practice, who is not a certified registered nurse anesthetist, to manage Ketamine for the purpose of anesthesia.

**As a licensed/certified professional, you are HELD ACCOUNTABLE for the information and any requirements in the linked document noted above.**