

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810
Telephone: (225) 755-7500 or (225) 755-7517
www.lsbn.state.la.us

INSTRUCTIONS FOR INITIAL REQUEST OF CONTROLLED SUBSTANCES OR CHANGE IN DEA SCHEDULE LEVEL FOR APRN PRESCRIPTIVE AUTHORITY IN THE STATE OF LOUISIANA

INTRODUCTION

Prior to engaging in medical diagnosis and management as an Advanced Practice Registered Nurse (APRN), including writing orders and/or prescriptions, the APRN must obtain a letter of approval issued to the nurse by the Louisiana State Board of Nursing (LSBN) indicating approval for Prescriptive Authority (PA) privileges in the State of Louisiana in collaboration with the licensed physician(s) or dentist(s).

This packet explains the process for an APRN to apply for the **addition of controlled substance (CS)** to his/her prescriptive authority privileges in Louisiana. Obtaining final CS approval is a multi-step process involving the APRN first applying to LSBN for preliminary authorization, then to the Louisiana State Board of Pharmacy (LBP) and U.S. Department of Justice – Drug Enforcement Administration (DEA) to obtain the required controlled and dangerous substance (CDS) license and registration. The APRN will need to provide copies of his/her LBP CDS license **and** DEA registration to LSBN **before** final written authorization to prescribe CS can be granted.

The **CON 1 form** provided in this packet is an **addition** to other LSBN PA application forms and original collaborative practice agreement (CPA) the APRN must submit when requesting the **addition of CS** to his/her PA privileges for:

- Request for initial PA privileges in Louisiana with inclusion of CS; **or**
- Request to add CS to PA privileges and permission to apply for LBP CDS license and DEA registration; **or**
- Request to apply for a **revised** CDS from LBP and DEA registration for a change of DEA Schedule level previously approved by LSBN.

Once the APRN has received **final** written approval from LSBN to prescribe CS, the CON 1 form will **not** need to be included in future ‘PA Change’ applications submitted to LSBN for approval of new collaborating physicians **provided**:

1. CPA signed with new physician(s) indicates same DEA Schedule(s) previously approved by LSBN, **and**
2. APRN holds an active, unencumbered LBP CDS and federal DEA registration for the same Schedule(s).

Standard processing time for a PA application is 10-15 business days from the date of receipt at LSBN. Applications are processed in the order received. If any information on the application is incorrect, incomplete or illegible, processing of the application may be delayed. *The APRN will be notified in writing as soon as the PA application has been approved or if additional information is required.* Applications which have not been approved by LSBN within 60 days of receipt at the Board office will be closed without approval.

The CON 1 form contained in this packet has been formatted to allow the APRN to ‘type’ the required data in the appropriate fields (shown on-screen as ‘grey’ boxes) and then print.

All Collaborative Practice Agreements (CPA) submitted to LSBN must include recently dated ‘*original*’ signatures of every party. All signatures should be in BLUE ink. White-out corrections are prohibited on the CPA and PA forms.

A [CPA template form](#) is available at the LSBN website. LSBN staff encourages the use of this template. If the APRN or his/her practice group wishes to draft their own CPA, it must comply fully with the guidelines for CPAs as provided for in L.R.S. 37:913 (3) (b), (8-9) and LAC 46:XLVII.4513. If the APRN’s practice site requires an ‘original’ CPA for their records, then two (2) original CPAs would need to be prepared, printed and signed by all parties - one (1) to submit to LSBN with applicable PA form(s) and one (1) for the practice site.

A ‘checklist’ is provided at the end of these instructions **for the APRN** as a guide to ensure he/she includes **all** documentation required by LSBN. Please follow this checklist carefully and **mail all items** listed on the checklist to LSBN **in one (1) envelope**. The APRN should make a copy of the full packet **prior** to submission. Instructions and checklist are for the APRN’s use and should not be returned to LSBN with the PA application.

ELIGIBILITY REQUIREMENTS

To Request Prescriptive Authority for Controlled Substances in Louisiana

1. Each collaborating physician (or dentist) must hold an active and unencumbered Louisiana license.
 - License verification for physicians is available through the Louisiana State Board of Medical Examiners (LSBME): www.lsbme.la.gov.
 - License verification for dentists is available through the Louisiana State Board of Dentistry (LSBD): www.lsbdb.org.
2. The APRN must hold a current, unencumbered Louisiana RN and APRN license issued by LSBN.
3. The APRN's advanced practice (AP) license, issued by LSBN, must be in the specific advanced practice role and population focus (e.g. adult, family, pediatric, psych/mental health, etc.) as indicated on the PA application forms and CPA submitted for this practice site.
4. The APRN requesting the addition of controlled substances (CS) to his/her prescriptive authority must prepare a signed and dated letter (in their own words) describing to the satisfaction of LSBN his/her identified need for CS within the patient population served by the collaborative practice. Include the following information in the letter, and submit **along with** the PA application forms and original CPA:
 - a. Detailed description of the practice site (rural/urban, physician availability, etc.) and patient population for the APRN's practice (age range, insurance/free care, family practice, most common patient problems treated, etc.);
 - b. Description of the patient benefits to be gained by the practice if the APRN is approved for CS;
 - c. Identify which DEA Schedule(s) categories of CS the APRN anticipates he/she will prescribe most and provide all DEA Schedules categories the APRN is seeking approval for the practice site (e.g. III-V, II non-narcotic for ADD/ADHD, full II narcotics);
 - d. **If** the APRN includes any level of Schedule II in the CS request, he/she must provide the following *additional* factors that demonstrate the need to prescribe for that DEA class:
 - i. Provide need and reason to prescribe CS to treat "Attention Deficit Disorder" (ADD), "Attention Deficit Hyperactivity Disorder" (ADHD), and other behavioral illnesses with Schedule II non-narcotic medications;
 - ii. Provide the factors and types of illness treated at the practice site that would demonstrate the need to prescribe full Schedule II narcotics.
5. **If** the APRN already holds a Louisiana CDS license from LBP and federal DEA registration, **both** must be current for the APRN to submit a CS application and original CPA to LSBN to *change* his/her DEA Schedule level.

APPLICATION PROCESSING

Adding CS to an APRN's PA privileges is a **multi-step process** which requires the nurse to apply to several state and federal agencies. **The APRN should review the application requirements and fees associated with applying for a Louisiana CDS license (LBP) and federal DEA registration (DEA) BEFORE submitting an application for CS privileges to LSBN to ensure he/she will be able to complete all 5 steps within 60 days.**

- STEP 1:** APRN submits PA/CS application forms, original CPA, and CS letter of explanation to LSBN for review. Please refer to instructions in the applicable PA application packet to determine when a fee must be included.
- STEP 2:** LSBN sends a preliminary letter to the APRN after the PA/CS packet has been reviewed and accepted. The preliminary letter will direct the APRN to apply for the required Louisiana CDS license with LBP and federal CS registration through the DEA. The APRN should apply for both CS license/registration **within 30 days** of receiving his/her LSBN letter.
- STEP 3:** APRN submits application *and fee* to LBP to obtain State CDS license for same DEA Schedule(s) applied to LSBN.
- STEP 4:** APRN submits application *and fee* to DEA to obtain federal CS registration for same DEA Schedule(s) applied to LSBN.
- STEP 4:** APRN sends copies of both LBP CDS and DEA registration to LSBN for verification;
- STEP 5:** LSBN issues final approval letter to prescribe CS to the APRN.

APRN RESPONSIBILITIES

To Request Prescriptive Authority for Controlled Substances in Louisiana

- *The APRN is responsible* for obtaining written approval from LSBN for **all** collaborating physician(s) and/or dentists(s) **prior** to clinical practice. Once the APRN has been approved by LSBN for ‘Initial PA privileges’, he/she would need to apply for a ‘PA Change’ when a new physician/dentist joins the approved practice site, or when the APRN wishes to practice at another practice site (i.e. new employment).
- *The APRN is responsible* for advising LSBN in writing **within 30 days** regarding the deletion of a collaborating physician, dentist or practice site that had been previously approved by LSBN.
- *If the CPA and DOCP 1 form submitted for the PA request provides only **one (1)** collaborating physician for the new practice site - the APRN shall be responsible* for ensuring that the CPA clearly states he/she “**will not engage in medical diagnosis and management, including writing orders and/or prescriptions, in the absence of the collaborating physician.**”
- *The APRN is responsible* for ensuring that a copy of his/her signed CPA and PA approval letters issued by LSBN are maintained at the clinical site where PA privileges are exercised and be able to produce this documentation for review during a site visit.
- *The APRN is responsible* for ensuring that the CPA and PA forms submitted to LSBN for review are complete and follow all instructions provided herein.
- *The APRN is responsible* for ensuring that she/he includes with the CS application a substantive letter (signed and dated in his/her own words) which thoroughly explains the need for the specific DEA Schedule(s) of controlled substances requested by the APRN and how it would benefit the patient population served at the practice.
- *The APRN is responsible* for being familiar, knowledgeable and compliant with **all** current state and federal laws, rules and regulations affecting APRN practice including, but not limited to, the following:
 - LSBN Nurse Practice Act ([R.S. 37:911 et seq.](#))
 - LSBN Rules and Regulations (APRN Rules - LAC Title 46, Part XLVII, Subpart 2, [Chapter 45](#));
 - Louisiana State Board of Pharmacy (LBP) rules regarding prescribing practices (e.g. LAC 46:LIII.2511), www.pharmacy.la.gov
 - Federal law and regulations issued by the U.S. Department of Justice – Drug Enforcement Administration (DEA) www.deadiversion.usdoj.gov if APRN has been approved for controlled substances PA privileges by LSBN.
- ***If** the APRN’s Louisiana CDS license or DEA registration should ever lapse, become inactive or revoked, the APRN shall immediately:*
 - provide written notification to LSBN; **and**
 - cease prescribing CS until authorized by LSBN.
- *The APRN is responsible* for notifying LSBN of a change in address and/or contact information for his/her primary place of residence **within 30 days**. Nurses may verify and update their address/contact information electronically at the LSBN website www.lsbm.state.la.us through ‘My Services’.

LIMITATIONS ON CONTROLLED SUBSTANCE PRIVILEGES FOR APRNS

In accordance with LAC Title 46, Part XLVII, Subpart 2, §4513.D.2.(b) (i): which states:

“an APRN granted authority to prescribe or distribute controlled substances shall not utilize such substances in connection with the treatment of:

- (a). *chronic or intractable pain, as defined in LAC 46:XLV.6515-6923;*
- (b). *obesity, as defined in LAC 46:XLV.6901-6913; or*
- (c). *oneself, a spouse, child or any other family member;”*

CHECKLIST

To Request Prescriptive Authority for Controlled Substances in Louisiana

The checklist below is *only* applicable if the APRN wishes to include controlled substances (CS) in his/her application request to LSBN for prescriptive authority (PA) privileges for collaborative practice.

The CON 1 form and APRN's letter of explanation must be submitted **along with** the appropriate LSBN application forms, original collaborative practice agreement (CPA) and fee (where indicated) as outlined below.

NOTE: Please refer to the instructions regarding the 5 steps for completing CS approval ('Application Processing') *prior* to submitting a request to LSBN for CS privileges.

Mail **all** required documents/forms and fee to LSBN together in **one (1) envelope:**

Complete and submit **all** LSBN forms, original CPA and fee (where indicated) applicable to the PA request where the APRN wishes to **add/include** CS:

1. 1st time request for PA privileges in Louisiana – utilize application packet: [Initial Prescriptive Authority Privileges for APRNs in the State of Louisiana](#)
2. PA Change to request LSBN approval for new collaborating physician(s) joining current practice site – utilize application packet: [Adding a physician\(s\) to a practice site previously approved by LSBN](#)
3. PA Change to request LSBN approval for collaborating physician(s) for a new employment practice site – utilize application packet: [Adding a physician\(s\) for a new practice site \(i.e. new employment\)](#)

NOTE: When submitting any of the above applications to LSBN for review where request for CS is included, the original CPA must identify the same DEA Schedules category levels (i.e. III-V, II non-narcotic for ADD/ADHD, full II narcotics) requested by the APRN on form CON 1.

CON 1 – 'Application to Request the Addition of Controlled Substances for APRN Prescriptive Authority Privileges'. The CON 1 form must be both signed and notarized.

Signed and dated letter of explanation, prepared by the APRN in his/her own words, explaining the reason, need and benefit to the patient population served at the practice site for the specific DEA Schedule category level(s) of CS requested. See 'Eligibility Requirements' for further information regarding content to include in the letter.

NOTE: *If* the APRN has already received final LSBN approval for a specific DEA Schedule category level(s) and now wishes to apply for an **additional** DEA Schedule category for the same physicians and practice site, the APRN must draft a new original CPA signed by all collaborating physicians previously approved by LSBN which indicates **all** of the DEA Schedule category levels for the practice site. The new original CPA must be submitted to LSBN for review and approval *along with* the CON1 form and signed letter of explanation as indicated above. Follow steps 1 to 5 in 'Application Processing' section of these instructions to complete CS processing and obtain final LSBN approval for the new/additional DEA Schedule category level(s) desired.

LOUISIANA STATE BOARD OF NURSING

17373 Perkins Road, Baton Rouge, LA 70810 * (225) 755-7500 or (225) 755-7517 * www.lsbn.state.la.us *

APPLICATION TO REQUEST THE ADDITION OF CONTROLLED SUBSTANCES FOR APRN PRESCRIPTIVE AUTHORITY PRIVILEGES (FORM # CON 1)

The CON 1 form is to be utilized *only* when the APRN is requesting the **addition of controlled substances** (CS) for prescriptive authority (PA) privileges in Louisiana. The APRN will receive written notification sent to his/her home address of record advising when LSBN authorizes the APRN to apply for the required controlled and dangerous substance (CDS) license/registration with the Louisiana State Board of Pharmacy (LBP) and U.S. Department of Justice – Drug Enforcement Administration (DEA). Copies of both CDS and DEA must be submitted to LSBN by the APRN for review **within 60 days** to complete CS processing. The APRN **must wait** until he/she has received the final (2nd) letter of authorization from LSBN *prior* to prescribing the CS Schedule(s) requested. Please refer to the instructions regarding additional documentation that must be mailed to LSBN *along with* the CON 1 form.

APRN Name: _____
First Name Middle Name Maiden Name Married Name (If applicable)

Residence Address: _____
Street City State Zip

Email Address: _____ Home/Cell Phone: _____

Please check this box if any contact information provided above is **new**. Board staff will update your licensure file.

RN License # _____ APRN License# _____

Social Security Number: _____ Date of Birth: _____

Current role/category of practice as an APRN: CNS CNP CNM CRNA

Clinical population focus (Family, Pediatric, Adult, Psychiatric, etc.): _____

Position Title: _____

Prescriptive Privileges for Controlled Substances Requested:
(check all that apply)

- Schedule III-V
 Schedule II (non-narcotic for ADD and/or ADHD treatment)
 Schedule II **narcotics**

CHECK HERE IF YOU AUTHORIZE LSBN TO SEND PRELIMINARY AND FINAL APPROVAL LETTERS TO YOUR EMAIL ADDRESS

AFFIDAVIT

_____ (print name of APRN applicant) being duly sworn according to law, deposes and says that he/she is the person referred to in this application requesting approval for the addition of controlled substances for prescriptive authority privileges, that the statements herein contained are true in every respect; that prescriptive authority will only be utilized with collaborating physicians approved in writing by LSBN for the APRN, and that he/she has read and understands this affidavit and will abide by all current state and federal laws and regulations affecting APRN and prescribing practice including, but not limited to, LAC Title 46, Part XLVII, Subpart 2, [Chapter 45](#) (LSBN Rules); LAC 46:LIII.2511 ([LBP](#) Rules) and [DEA](#) regulations.

Signature of APRN Applicant _____

Subscribed and sworn to before me on _____, 20_____.

Notary Public

Date Commission Expires

Bar Roll/Notary #: _____