



2829 University Avenue SE #200
 Minneapolis, MN 55414-3253
 (612) 317-3000 – Voice (612) 617-2190 – Fax
 Toll Free (888) 234-2690 (MN, IA, ND, SD, WI)
 (800) 627-3529 – TTY
 Email: nursing.board@state.mn.us
 Website: www.nursingboard.state.mn.us

ADVANCED PRACTICE REGISTERED NURSE DISPENSING FOR PROFIT

It is unlawful for a licensed practitioner, including Advanced Practice Registered Nurses (APRN) to dispense certain legend drugs for profit unless a statement has been filed with the Board of Nursing (Minnesota statute 151.37 subdivision 2(c). This law refers only to drugs that are:

1. To be administered orally
2. Ordinarily dispensed by pharmacists
3. Not vaccines.

Profit is defined as

1. Any amount received by a licensed practitioner over and above the acquisition cost for pre-packaged drugs or
2. Any amount received by a licensed practitioner over and above the acquisition cost plus the cost of compounding, packaging, or other treatment for drugs which are not pre-packaged.
3. To dispense for profit does not include dispensing by a community health clinic when the profit from dispensing is used to meet operating expenses.

If you dispense legend drugs for profit, you must complete this form and return to the Minnesota Board of Nursing.

•Type or print clearly •Use black ink •Provide all information •Incomplete applications will be returned •Do not use initials or abbreviations

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
		<input type="checkbox"/> No middle name	
MAIDEN NAME	OTHER LAST NAME(S)	PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Business ()	
STREET ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
EMAIL ADDRESS			
MINNESOTA LICENSE NUMBER <input type="checkbox"/> RN _____	BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	

I dispense legend drugs for profit under the following circumstances (i.e. what will the APRNs role be and what will be the role of other personnel in dispensing prescriptions):

The types of legend drugs I generally dispense are:

- | | | |
|-----------------------------|-------------------------------------|---------------------------------------|
| ___ Antihistamines | ___ Gastrointestinals | ___ Anabolic steroids/growth hormones |
| ___ Anti-microbials | ___ Muscle relaxants | ___ Amphetamines & other stimulants |
| ___ Anti-neoplasitic agents | ___ Oral contraceptives | ___ Barbituates |
| ___ Anti-Parkinsonian drugs | ___ Respiratory agents | ___ Benzodiazepines |
| ___ Blood modifiers | ___ Non-steriodal anti-inflammatory | ___ Opiods |
| | ___ Other controlled substances | |
| | ___ Other (specify) _____ | |

I affirm that the statements provided by me are true and correct.

Printed name

Legal Signature

Date (mm/dd/yyyy)