



## ADVANCED PRACTICE REGISTERED NURSE (APRN) LICENSURE APPLICATION INSTRUCTIONS

All APRNs must complete an *APRN Licensure Application* (online or paper), *Confirmation of Program Completion for Advanced Practice Registered Nurse* form, *Confirmation of Advanced Practice Nurse Employment* form, request *Verification of Certification*, and complete a *Criminal Background Check* if one was not completed within the last year with the Minnesota Board of Nursing.

### APRN Licensure Application Requirements:

1. Complete one *APRN Licensure Application* form (online or paper) for each role (Clinical Nurse Specialist, Nurse Midwife, Nurse Practitioner, and Registered Nurse Anesthetist) for which you are applying once a Minnesota RN license has been obtained. A separate application form, fee and license are required for each role.
  - a. Complete the *Minnesota Business Identification Number* section only if you own a Minnesota Business.
  - b. Complete the *Business Name* Section if you are currently practicing as an RN, LPN, or APRN in Minnesota or any other state. If you are not currently practicing, check the box that you are not currently in the workforce.
  - c. Check the appropriate population focus in the *Population Focus* section. More than one population may be selected based upon your certification(s). Check Acute Care or Primary Care only if your certification reflects this designation.
  - d. Certification must be in one of the six populations; adult-gerontology, family and individual across the lifespan, neonatal, pediatrics, psychiatric and mental health, and women's and gender related health.
  - e. Certifications in the adult or gerontology only population for those applicants who obtained certification prior to November 1, 2017, will be considered as certification in adult-gerontology and the individual will be deemed eligible for APRN licensure.
  - f. Complete the fields regarding DEA numbers. Provide information for all DEA numbers you hold or check the box if you do not have a DEA number. Please contact the DEA office to determine if you should obtain a DEA number.
  - g. Submit a written explanation for any "Yes" response in the *Grounds For Review of Application* section.
  - h. Sign your legal name and date the application. (Electronic signatures are not acceptable)
  - i. APRN Application Fees:
    1. Enclose the \$137.00 (\$105.00 application fee and \$32.00 criminal background check fee) in the form of a money order or cashier's check payable to the Minnesota Board of Nursing with the completed application form to the Minnesota Board of Nursing if a background check has not been completed within the last year with the Minnesota Board of Nursing. Personal checks are not accepted.
    - OR**
    2. Enclose the \$105.00 application fee in the form of a money order or cashier's check payable to the Minnesota Board of Nursing with the completed application form to the Minnesota Board of Nursing if a background check has been completed within the last year with the Minnesota Board of Nursing. Personal checks are not accepted.

2. Request documentation of your current certification in good standing be sent by mail to the Minnesota Board of Nursing at 1210 Northland Drive Suite 120, Mendota Heights, MN 55120 or email to [nursing.board@state.mn.us](mailto:nursing.board@state.mn.us). The certification must be received directly from the certifying body to the Board.
3. Complete the first page of the *Confirmation of Program Completion for Advanced Practice Registered Nurse* form and forward the two-page form by fax, email, or mail to the APRN program you completed. The APRN program must mail the two-page form directly to the Board in an official school envelope.
4. Complete the *Confirmation of Advanced Practice Registered Nurse Employment* form and return to the Minnesota Board of Nursing by fax, email, or mail. If you have not previously worked as an APRN, complete the applicant information of the form and check the box that you have not worked as an APRN. If it has been more than five years since you have practiced as an APRN or have completed the APRN program, you must complete a Board approved reorientation plan upon licensure. Please contact the Board for more information. Ensure all signatures are legal signatures. Electronic signatures are not acceptable.
5. Complete the Criminal Background Check (CBC) and fingerprinting process if you have not completed a background check with the Board of Nursing within the last year. The CBC program will send you a fingerprint packet by email when you submit your application. CBC Program contact: email [criminal.background.check@state.mn.us](mailto:criminal.background.check@state.mn.us) or call 651-201-2822 if you have questions. The fingerprinting and criminal background check requirement for licensure with the Minnesota Board of Nursing is independent of any other fingerprinting or background check you may have done in the past or will have done in the future. You must complete the Minnesota Board of Nursing background check process as instructed.
6. CNS and CNP applicants only must submit the *Post-Graduate Practice Verification* form. The applicant will confirm they are not initiating APRN practice upon licensure at this time, **or** are initiating practice at this time with the location of hospital or integrated clinical setting, **or** have completed the 2080 post-graduate practice hours. The completion of the 2080 post-graduate practice hours must be within the context of a collaborative agreement within a hospital or integrated clinical setting where APRNs and physicians work together **or** if the applicant was listed on the Minnesota APRN Registry as of July 1, 2014 which means that you held a Minnesota RN license and the Minnesota Board of Nursing had a current copy of your certification as an APRN. This form may be faxed, emailed, or mailed to the Board. Ensure all signatures are legal signatures. Electronic signatures are not acceptable.
7. CRNAs who practice nonsurgical pain management must complete the Verification of CRNA Written Prescribing Agreement form. This form may be faxed, emailed, or mailed to the Board. Ensure all signatures are legal signatures. Electronic signatures are not acceptable.

#### **Additional Requirement for Applicants Educated Outside of the United States**

8. Request a *Summary of Evaluation of Educational Credentials* report from the Commission on Graduates of Foreign Nursing Schools (CGFNS). CGFNS evaluates the advanced practice nursing education to determine equivalency to the education required in the same type of advanced practice nursing education program in the United States. Please email [nursing.education@state.mn.us](mailto:nursing.education@state.mn.us), to request contact information for the CGFNS Specialist responsible for processing the advanced practice nurse education summary reports.