Guidelines for Independent Practice as of 10/17/2020

This is a combination of all the information and updates to applying for Independent Practice.  This is not a final list as the Board of Nursing is still going through the rulemaking process.

The Board of Nursing has said the application for Independent Practice is scheduled to be available on Monday, October 19th. The application can be found on the MQA online system under “Manage My License” or here under “Nursing Applications.”

An NP or CNM seeking to be licensed for IP must meet the following qualifications:

1. Complete the application with the Financial Responsibility document, form DH-MQA 5050 (07/2020)
2. Complete 3,000 hours of clinical practice hours (which means 3,000 hours working under a “supervisory protocol”), which may include clinical instructional hours, within the 5 years immediately preceding the application request (this will be an attestation, Yes/No question)
3. Answer: Have you had any disciplinary action in the past 5 years? (this will be an attestation, Yes/No question)
4. Completion of 3 graduate-level semester hours, or the equivalent of 45 CE hours, in differential diagnosis within the 5 years immediately preceding the application request. The differential diagnosis course content must address advanced health assessment, differential diagnosis, critical thinking, or diagnostic reasoning.
5. Completion of 3 graduate-level semester hours, or the equivalent of 45 CE hours, in pharmacology within the 5 years immediately preceding the application request. The pharmacology course content must address the therapeutic uses and biological effects of drugs.
6. Must obtain and maintain professional liability coverage (malpractice insurance) in the amount of at least 100k per claim / 300k aggregate or obtain and maintain an irrevocable letter of credit in the amount of at least 100k per claim / 300k aggregate.
7. CNMs must have a written patient transfer agreement with a hospital and a written referral agreement with a physician to engage in nurse midwifery.
8. Nurse Practitioners who are issued a licensed to practice independently must engage only in primary practice, including family medicine, general pediatrics, and general internal medicine, as defined by board rule. Primary practice includes “health promotion, disease prevention, health maintenance, counselling, patient education, and diagnosis and treatment of acute and chronic illnesses in a variety of healthcare settings.” Those seeking independence must be very specific in the care they provide (Primary Care) as standards of practice the BON is to recommend may be released AFTER the license itself is issued. If you work solely in specialty practice, you do not qualify for the independent practice license.
If an APRN desires to continue practicing under a collaborative/supervisory protocol, nothing changes from previous standards. No additional restrictions exist for those APRNs providing care with a protocol in place.

Once the APRN license of independent practice is successfully issued, the NP is granted signature authority which includes the Baker Act involuntary examination, signing death certificates, admitting/discharging patients from a facility and "provide a signature, certification, stamp, verification, affidavit, or endorsement that is otherwise required by law to be provided by a physician (except for medical cannabis). This is known as signature authority.

At renewal, Independent NPs will need to complete an additional 10 CE hours AND submit an updated Financial Responsibility document.