Written Plan for Obtaining Nurse Practitioner Registration

Name ___________________________________________________ Date ________________________

1. Proof of unrestricted license to practice as a registered nurse in North Carolina or unrestricted approval, registration or license as a nurse practitioner in another state, territory, or possession of the United States. Please print this verification from the North Carolina Board of Nursing website (www.ncbon.org) and include in your portfolio.
Enter license number _________________________________________________________________

2. Successful completion of a nurse practitioner education program:
Enter anticipated date of completion _____________________________________________________

3. Certification as a nurse practitioner by a national credentialing body:
Enter anticipated date of certification_____________________________________________________


5. Have a Collaborative Practice Agreement with a primary supervising physician:
   Include a copy of Collaborative Practice Agreement in this notebook
   ______________________________________________________________________________

6. Acknowledgment that active practice cannot begin until notification of approval to practice is received from the Board of Nursing:
   I acknowledge that I cannot practice in North Carolina until Notification of Approval to Practice is received from the NC Board of Nursing and Medical Board (sign)
   ______________________________________________________________________________

7. Acknowledgment that approval for changes in practice must be submitted to both the NC Board of Nursing and the Medical Board;
   I acknowledge that I must submit in writing any changes in practice to the NC Board of Nursing and Medical Board (sign)
   ______________________________________________________________________________

8. Acknowledgement of the rules governing Volunteer Approval to Practice;
   I acknowledge that I have read the rules governing Volunteer Approval to Practice for a nurse practitioner applicant in North Carolina (or my selected state) (sign) ______________________________________________________________________________
9. Acknowledgment of the requirements that a nurse practitioner approved to practice shall keep proof of licensure, registration and approval available for inspection at each practice site upon request by agents of either Board;
I acknowledge that I have read the requirements for site documentation of proof to practice for a nurse practitioner in North Carolina (or my selected state)
(sign) _____________________________________________________________________________

10. Acknowledgment of the registration fee; and
I acknowledge that I have read the requirements the registration fee for registration to practice for a nurse practitioner in North Carolina (or my selected state)
(sign) _____________________________________________________________________________

11. Indicate anticipated annual renewal date and requirements that need to be met for renewal.
Enter anticipated date of annual renewal after initial approval to practice
__________________________________________________________________________________

As a point of information only:
If you are going to prescribe controlled substances in your practice you must obtain a DEA number.
Contact: Drug Enforcement Administration, Registration Unit, 75 Spring Street, SW, Room 740, Atlanta, Georgia 30303 (888-219-8689) or www.deadiversion.usdoj.gov – Direct Registration – Form 224.