(b) An applicant for advanced practice nurse certification who is certified in another state shall submit to the Board:

1. A completed application form, which contains biographical, educational and experiential data concerning the applicant;

2. Verification of certification as an advanced practice nurse in good standing in another state;

3. Proof that the applicant has successfully completed the educational requirements of an advanced practice nurse as set forth in N.J.A.C. 13:37-7.2. The applicant shall submit to the Board a transcript showing successful completion of an advanced practice nurse program from the school(s) where the applicant completed the educational requirements. An applicant applying for certification through endorsement shall not be required to meet the requirements of N.J.A.C. 13:37-7.2(b);

4. Proof that the applicant is currently certified by a national certifying agency that is accredited by the American Board of Nursing Specialties and/or the National Commission for Certifying Agencies; and

5. The application fee set forth in N.J.A.C. 13:37-5.5(e).

Repeal and New Rule, R.2008 d.160, effective June 16, 2008.
See: 39 N.J.R. 1991(b), 40 N.J.R. 3729(a).
Section was "Prescriptive practice".

13:37-7.7 Biennial certificate renewal; certificate suspension; reinstatement of suspended certificate; inactive status; return from inactive status

(a) All certificates for advanced practice nurses shall be issued for a two-year certification period that coincides with the advanced practice nurse's registered professional nurse licensure renewal period. An advanced practice nurse who seeks renewal of the certificate shall submit a renewal application, proof that the applicant is currently certified by a national certifying agency that is accredited by the American Board of Nursing Specialties, and/or the National Commission for Certifying Agencies, and the renewal fee set forth in N.J.A.C. 13:37-5.5 prior to the expiration date of the certificate. An advanced practice nurse who is certified prior to June 16, 2008, shall not have to show that he or she is certified by a national certifying agency.

(b) The Board shall send a notice of renewal to each advanced practice nurse, at least 60 days prior to the expiration of his or her certificate. If the notice to renew is not sent at least 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for failure to renew.

(c) If an advanced practice nurse does not renew the certificate prior to its expiration date, the advanced practice nurse may renew the certificate within 30 days of its expiration by submitting a renewal application, proof that the applicant is currently certified by a national certifying agency that is accredited by the American Board of Nursing Specialties, and/or the National Commission for Certifying Agencies, a renewal fee, and a late fee, as set forth in N.J.A.C. 13:37-5.5.

(d) A certificate that is not renewed within 30 days of its expiration shall be automatically suspended. An individual who continues to practice with a suspended certificate shall be deemed to be engaged in unlicensed practice.

(e) An advanced practice nurse whose certificate has been automatically suspended for five years or less for nonpayment of a biennial renewal fee pursuant to (c) above may be reinstated by the Board upon completion of the following:

1. Payment of the reinstatement fee and all past delinquent biennial renewal fees pursuant to N.J.A.C. 13:37-5.5;

2. Completion of the continuing education units required under N.J.A.C. 13:37-7.8 for each biennial registration period for which the advanced practice nurse was suspended; and

3. Submission of an affidavit of employment listing each job held during the period the certificate was suspended, including the name, address, and telephone number of each employer.

(f) An advanced practice nurse whose certificate has been automatically suspended for failure to renew for more than five years who wishes to have his or her certificate reinstated shall reapply for certification pursuant to N.J.A.C. 13:37-7.1. The applicant shall fulfill all of the initial licensure requirements, including retaking the examination required by N.J.A.C. 13:37-7.1(d)3. An applicant reapplying for certification shall not be required to meet the requirements of N.J.A.C. 13:37-7.2(b).

(g) Renewal applications shall provide the advanced practice nurse with the option of either active or inactive status. An advanced practice nurse electing inactive status shall pay the inactive certificate fee set forth in N.J.A.C. 13:37-5.5 and shall not practice as an advanced practice nurse.

(h) An advanced practice nurse who elected inactive status and has been on inactive status for five years or less may be reinstated by the Board upon completion of the following:

1. Payment of the active status fee set forth in N.J.A.C. 13:37-5.5;

2. The completion of the continuing education units required for each biennial registration period for which the advanced practice nurse was on inactive status; and

3. Submission of an affidavit of employment listing each job held during the period the advanced practice nurse was on inactive status, including the name, address, and telephone number of each employer.

(i) An advanced practice nurse who has been on inactive status for more than five years who wishes to return to practice shall reapply for certification pursuant to N.J.A.C. 13:37-7.1. The applicant shall fulfill all of the initial licensure requirements, including retaking the examination required by N.J.A.C. 13:37-7.1(d)3. An applicant reapplying for certification shall not be required to meet the requirements of N.J.A.C. 13:37-7.2(b).

(j) An advanced practice nurse who was initially certified by the Board in an area of practice that was approved by the Board prior to June 16, 2008 shall be permitted to renew certification for that practice.

Repeal and New Rule, R.2008 d.160, effective June 16, 2008.
See: 39 N.J.R. 1991(b), 40 N.J.R. 3729(a).
Section was "Requirements for issuing prescriptions and orders; dispensing medications".
Amended by R.2017 d.081, effective May 1, 2017.
See: 48 N.J.R. 1428(a), 49 N.J.R. 1096(a).
In (a), substituted the first occurrence of "that" for ", which", and inserted a comma following "Agencies" and following "2008"; in (a) and (c), inserted a comma following "Specialties"; and in (c), inserted a comma following the first occurrence of "fee".

13:37-7.8 Continuing education

Every biennial period, an advanced practice nurse shall complete the continuing education required for the renewal of a registered professional nurse license pursuant to N.J.A.C. 13:37-5.3 and the continuing education requirements of the national certifying agency whose examination the advanced practice nurse successfully passed pursuant to N.J.A.C. 13:37-7.4 or 7.5.

Repeal and New Rule, R.2008 d.160, effective June 16, 2008.
See: 39 N.J.R. 1991(b), 40 N.J.R. 3729(a).
Section was "Certification by endorsement".
Amended by R.2011 d.025, effective January 18, 2011.
See: 42 N.J.R. 1481(a), 43 N.J.R. 193(a).
Deleted designation (a); and deleted (b) and (c).

13:37-7.9 Prescriptive practice

(a) An advanced practice nurse may prescribe or order medications and devices and shall do so in conformity with the provisions of this subchapter, N.J.S.A. 45:11-45 et seq., and written protocols for the prescription of medications and devices jointly developed by the advanced practice nurse and the collaborating physician in accordance with the standards of N.J.S.A. 45:11-51 and N.J.A.C. 13:37-6.3.

(b) An advanced practice nurse may prescribe or order treatments, including referrals, and shall do so in conformity with the provisions of this subchapter and N.J.S.A. 45:11-45 et seq.

(c) An advanced practice nurse who issues prescriptions in any setting other than in a licensed acute care or long-term care facility may issue written prescriptions for medications to patients only on New Jersey Prescription Blanks in accordance with N.J.S.A. 45:14-55.

(d) An advanced practice nurse shall include the following information on each prescription blank issued:

1. The prescribing advanced practice nurse's full name, designation, that is, APN, address, telephone number, and certification number;

2. The full name, date of birth and address of the patient;

3. The date of issuance;

4. The name, strength, route and quantity of the medication prescribed;

5. The number of refills permitted or time limit for refills, or both;

6. A handwritten, original signature;

7. An explicit indication, by initials placed next to "do not substitute," if a specified brand name drug is to be dispensed;

8. The full name, title, address, telephone number, and license number of the collaborating physician;

9. Words, in addition to numbers, to indicate the drug quantity authorized if the prescription is for a controlled dangerous substance, for example: "ten (10) Percodan" or "five (5) Ritalin 5 mg"; and

10. If the prescription is for a controlled dangerous substance, the advanced practice nurse's DEA number and instructions as to the frequency of use.

(e) An advanced practice nurse who prescribes medication or devices shall advise patients by a sign or pamphlets in the waiting room of the office, that a patient may request a generic drug as a substitute for a brand name drug prescribed.

(f) An advanced practice nurse may use only prescription blanks that are imprinted with the words "substitution permissible" and "do not substitute," with a space for the prescribing advanced practice nurse's initials next to the chosen option. The prescription blanks shall not include preprinted information designed to discourage or prohibit substitution.

(g) When using health care facility or multi-prescriber prescription blanks, the full name and certificate number of the advanced practice nurse shall be legibly printed at the top of the prescription blank or the identity of the advanced practice nurse shall be designated by a checkmark or other legible means.

(h) Each prescription for a controlled dangerous substance shall be written on a separate New Jersey Prescription Blank.

Repeal and New Rule, R.2008 d.160, effective June 16, 2008.
See: 39 N.J.R. 1991(b), 40 N.J.R. 3729(a).
Section was "Requirements for nurse practitioner/clinical nurse specialists certified pursuant to N.J.S.A. 45:11-48".

13:37-7.9A Limitations on prescribing, administering, or dispensing of controlled dangerous substances; special requirements for management of acute and chronic pain

(a) The following words and terms when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

"Acute pain" means the pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time. "Acute pain" does not include chronic pain, pain being treated as part of cancer care, hospice or other end of life care, or pain being treated as part of palliative care.

"Chronic pain" means pain that persists for three or more consecutive months and after reasonable medical efforts have been made to relieve the pain or its cause, it continues, either continuously or episodically.

"Initial prescription" means a prescription issued to a patient who:

1. Has never previously been issued a prescription for the drug or its pharmaceutical equivalent; or

2. Was previously issued a prescription for the drug or its pharmaceutical equivalent, and the date on which the current prescription is being issued is more than one year after the date the patient last used or was administered the drug or its equivalent. When determining whether a patient was previously issued a prescription for a drug or its pharmaceutical equivalent, the practitioner shall consult with the patient, review prescription monitoring information, and, to the extent it is available to the practitioner, review the patient's medical record.

"Palliative care" means care provided to an individual suffering from an incurable progressive illness that is expected to end in death, which is designed to decrease the severity of pain, suffering, and other distressing symptoms, and the expected outcome of which is to enable the individual to experience an improved quality of life.

"Practitioner" means a certified advanced practice nurse currently authorized to prescribe drugs in the course of professional practice, acting within the scope of his or her certification.

(b) When prescribing, dispensing, or administering controlled dangerous substances, a practitioner shall:

1. Take a thorough medical history of the patient which reflects the nature, frequency, and severity of any pain, the patient's history of substance use or abuse, and the patient's experience with non-opioid medication and non-pharmacological pain management approaches;

2. Conduct a physical examination, including an assessment of physical and psychological function, and an evaluation of underlying or coexisting diseases or conditions;

3. Access relevant prescription monitoring information as maintained by the Prescription Monitoring Program (PMP) pursuant to section 8 of P.L. 2015, c. 74 (N.J.S.A. 45:1-46.1) and consider that information in accordance with N.J.A.C. 13:45A-35;

4. Develop a treatment plan, which identifies the objectives by which treatment success is to be evaluated, such as pain relief and improved physical and psychological function, and any further diagnostic evaluations or other treatments planned, with particular attention focused on determining the cause of the patient's pain; and

5. Prepare a patient record that reflects the medical history, the findings on examination, any relevant PMP data, and the treatment plan, as well as:

i. The complete name of the controlled substance;

ii. The dosage, strength, and quantity of the controlled substance; and

iii. The instructions as to frequency of use.

(c) With respect to Schedule II controlled dangerous substances, unless the prescribing of opioids is subject to limitations as set forth in (g) below, a practitioner may authorize a quantity, not to exceed a 30-day supply, which shall be at the lowest effective dose as determined by the directed dosage and frequency of dosage. The prescribing of opioids in any schedule is subject to limitations as set forth in (g) below.

(d) Prior to issuing the first prescription for a Schedule II controlled dangerous substance for pain or any opioid drug, a practitioner shall discuss with the patient, or the patient's parent or guardian if the patient is under 18 years of age and is not an emancipated minor, the reasons why the medication is being prescribed, the possible alternative treatments, and the risks associated with the medication. With respect to opioid drugs, the discussion shall include, but not be limited to, the risks of addiction, physical or psychological dependence, and overdose associated with opioid drugs and the danger of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants, and requirements for proper storage and disposal.

1. If the patient is under 18 years of age and is not an emancipated minor, the practitioner shall have the discussion required in (d) above prior to the issuance of each subsequent prescription for any opioid drug that is a Schedule II controlled dangerous substance.

2. In addition to the requirements of (i) below, the practitioner shall reiterate the discussion required in (d) above prior to issuing the third prescription of the course of treatment for a Schedule II controlled dangerous substance for pain or any opioid drug.

3. The practitioner shall include a note in the patient record that the required discussion(s) took place.

(e) At the time of issuance of the third prescription for a Schedule II controlled dangerous substance for pain or any opioid drug, the practitioner shall enter into a pain management agreement with the patient. The pain management agreement shall be a written contract or agreement that is executed between a practitioner and a patient, that is signed and dated prior to the issuance of the third prescription for the ongoing treatment of pain using a Schedule II controlled dangerous substance or any opioid drug, and which shall:

1. Document the understanding of both the practitioner and the patient regarding the patient's pain management plan;

2. Establish the patient's rights in association with treatment, and the patient's obligations in relation to the responsible use, discontinuation of use, and storage and disposal of Schedule II controlled dangerous substances and any opioid drugs, including any restrictions on the refill or acceptance of such prescriptions from practitioners and other prescribers;

3. Identify the specific medications and other modes of treatment, including physical therapy or exercise, relaxation, or psychological counseling, that are included as part of the treatment plan;

4. Specify the measures the practitioner may employ to monitor the patient's compliance including, but not limited to, random specimen screens and pill counts; and

5. Delineate the process for terminating the agreement, including the consequences if the practitioner has reason to believe that the patient is not complying with the terms of the agreement.

(f) When controlled dangerous substances are continuously prescribed for management of chronic pain, the practitioner shall:

1. Review, at a minimum of every three months, the course of treatment, any new information about the etiology of the pain and the patient's progress toward treatment objectives, and document the results of that review;

2. Assess the patient prior to issuing each prescription to determine whether the patient is experiencing problems associated with physical and psychological dependence, and document the results of that assessment;

3. Make periodic reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled dangerous substance, taper the dosage, try other drugs such as nonsteroidal anti-inflammatories, or utilize alternative treatment modalities in an effort to reduce the potential for abuse or the development of physical or psychological dependence, and document, with specificity, the efforts undertaken;

4. Access relevant prescription monitoring information as maintained by the Prescription Monitoring Program (PMP) pursuant to section 8 of P.L. 2015, c. 74 (N.J.S.A. 45:1-46.1) and consider that information in accordance with N.J.A.C. 13:45A-35;

5. Monitor compliance with the pain management agreement and any recommendations that the patient seek a referral, and discuss with the patient any breaches that reflect that the patient is not taking the drugs prescribed or is taking drugs, illicit or prescribed by other practitioners or prescribers, and document within the patient record the plan after that discussion;

6. Conduct random urine screens at least once every 12 months;

7. For those patients being prescribed an opioid drug to treat chronic pain, advise the patient, or the patient's parent or guardian if the patient is under 18 years of age and is not an emancipated minor, of the availability of an opioid antidote; and

8. Refer the patient to a pain management or addiction specialist for independent evaluation or treatment in order

to achieve treatment objectives, if those objectives are not being met.

(g) A practitioner shall not issue an initial prescription for an opioid drug for treatment of acute pain in a quantity exceeding a five-day supply as determined by the directed dosage and frequency of dosage. The initial prescription shall be for the lowest effective dose of an immediate-release opioid drug. A practitioner shall not issue an initial prescription for an opioid drug that is for an extended-release or long-acting opioid. No less than four days after issuing the initial prescription, upon request of the patient, a practitioner may issue a subsequent prescription for an opioid drug for the continued treatment of acute pain associated with the condition that necessitated the initial prescription provided the following conditions are met:

1. The practitioner consults (in person, via telephone, or other means of direct communication) with the patient;

2. After the consultation with the patient, the practitioner, in the exercise of his or her professional judgment, determines that an additional days' supply of the prescribed opioid drug is necessary and appropriate to the patient's treatment needs and does not present an undue risk of abuse, addiction, or diversion;

3. The practitioner documents the rationale for the authorization in the patient record;

4. The subsequent prescription for an additional days' supply of the prescribed opioid drug is tailored to the patient's expected need at the stage of recovery, as determined under (g)2 above and any subsequent prescription for an additional days' supply shall not exceed a 30-day supply.

(h) When a practitioner issues an initial prescription for an opioid drug for the treatment of acute pain, the practitioner shall so indicate it on the prescription.

(i) The requirements for prescribing controlled dangerous substances set forth in (d) through (h) above shall not apply to a prescription for a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice, receiving palliative care, or is a resident of a long-term care facility or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.

(j) Nothing in (g) above shall be construed to limit a practitioner's professional judgment to authorize a subsequent prescription for an opioid drug in a quantity consistent with (g)4 above for the continued treatment of acute pain associated with the condition that necessitated the initial prescription.

Emergency New Rule, R.2017 d.052, effective March 1, 2017 (to expire April 30, 2017).
See: 49 N.J.R. 558(a).

13:37-7.10 Requirements for dispensing medications

(a) An advanced practice nurse may dispense a medication directly to a patient pursuant to a joint protocol. An advanced practice nurse who dispenses medications shall assure that follow-up care is provided and that the effects of the medication are properly evaluated and integrated into the treatment plan of the patient.

(b) An advanced practice nurse who dispenses medications in the office shall maintain those medications in accordance with pharmaceutical standards and manufacturer recommendations concerning storage conditions. An advanced practice nurse shall not maintain in inventory any medications, which are outdated, misbranded, deteriorated, adulterated, recalled, unlabeled, damaged, discontinued or which were previously dispensed to a patient.

(c) When an advanced practice nurse dispenses a medication to a patient, he or she shall record the dispensing in the patient's record.

(d) All medications dispensed, except for those dispensed as pharmaceutical samples shall be recorded in a permanent, contemporaneous dispensing log, which shall contain the following:

1. The full name of the patient;

2. The complete name of each medication dispensed;

3. The strength and quantity of the medication dispensed;

4. Instructions as to the frequency of use;

5. The date of dispensing; and

6. The identity of the dispensing advanced practice nurse, if more than one individual dispenses in the office.

(e) Every medication dispensed, except for pharmaceutical samples, shall bear a legible label, which includes:

1. The full name of the patient;

2. The complete name of the medication dispensed;

3. The strength and quantity of the medication dispensed;

4. Instructions as to the frequency of use;

5. Special precautions, if appropriate;

6. The date of dispensing;

7. The expiration date of the medication;

8. A list of the ingredients if the medication was compounded, not manufactured; and

9. The identity of the dispensing advanced practice nurse.

(f) Medications dispensed as a pharmaceutical sample shall bear a legible label, which includes:

1. The complete name of the medication dispensed;

2. The strength and quantity of the medication dispensed;

3. Instructions as to the frequency of use;

4. Special precautions, if appropriate; and

5. The expiration date of the medication.

(g) An advanced practice nurse need not label a pharmaceutical sample if a manufacturer's label on the sample includes the information required under (f) above. If a manufacturer's label includes only some of the information required under (f) above, an advanced practice nurse shall apply a label to the sample that provides the missing information. The label applied by the advanced practice nurse shall not obstruct the information provided on the manufacturer's label.

(h) An advanced practice nurse shall not charge a fee for a medication packaged and labeled by a manufacturer as a sample.

(i) An advanced practice nurse may charge a fee for dispensing any medication that is not packaged and labeled by a manufacturer as a sample. This fee shall not exceed the actual acquisition cost for the medication plus an administrative amount which shall not exceed 10 percent of the actual acquisition cost.

(j) Except as exempted by (k) below, an advanced practice nurse who dispenses a medication for a fee shall:

1. Not dispense the medication or a substantially equivalent medication in a quantity or in dosages greater than that which would allow the patient a seven-day supply;

2. Not dispense the medication or a substantially equivalent medication more than once every 30 days:

3. Assure that information is given to the patient regarding the availability of the medication outside of the advanced practice nurse's office; and

4. Disclose to the patient in advance of purchase and again on the bill the actual acquisition cost of the medication.

(k) An advanced practice nurse need not comply with (j) above if:

1. The office at which the dispensing occurs is situated 10 or more miles from the nearest licensed pharmacy;

2. The medication is dispensed pursuant to an oncological or AIDS protocol;

3. The medication dispensed is a salve, ointment or drops; or

4. The medication is dispensed in, and directly related to, the services rendered to the patient at:

i. A hospital emergency room;

ii. A student health center at an institution of higher education; or

iii. A publicly subsidized community health center, family planning clinic or prenatal clinic.

(*l*) The requirements set forth in (d) through (g) above shall not apply to the dispensing of nonprescription substances.

Repeal and New Rule, R.2008 d.160, effective June 16, 2008.
See: 39 N.J.R. 1991(b), 40 N.J.R. 3729(a).
Section was "Practice as registered professional nurse".
Amended by R.2017 d.094, effective May 15, 2017.
See: 48 N.J.R. 1059(a), 49 N.J.R. 1250(a).
Deleted former reserved (e) and (g); recodified former (f) as (e); and added new (f) and (g).

13:37-7.11 Practice as a registered professional nurse

Nothing in N.J.S.A. 45:11-45 et seq. or this subchapter shall be construed to limit, preclude or otherwise interfere with the practice of nursing as defined by N.J.S.A. 45:11-23 by a person licensed as a registered professional nurse in this State, provided that the licensee does not represent himself or herself as an advanced practice nurse.

Amended by R.1996 d.304, effective July 1, 1996.
See: 27 N.J.R. 2091(a), 28 N.J.R. 3303(a).
In (a) added Critical care, Emergency/Burns/Trauma, Medical-Surgical and Rehabilitation.
Recodified from N.J.A.C. 13:37-7.10 and amended by R.2008 d.160, effective June 16, 2008.
See: 39 N.J.R. 1991(b), 40 N.J.R. 3729(a).
Former N.J.A.C. 13:37-7.11, Categories of advanced practice, repealed.

13:37-7.12 (Reserved)

Repealed by R.1995 d.88, effective February 21, 1995.
See: 26 N.J.R. 4731(a), 27 N.J.R. 728(a).
Section was "Reporting".

SUBCHAPTER 8. NURSING PRACTICE

13:37-8.1 Standards for joint protocols between advanced practice nurses and collaborating physicians

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.

"Collaboration" means the ongoing process by which an advanced practice nurse and a physician engage in practice, consistent with agreed upon parameters of their respective practices.

"Device" means an article, other than medication, for use in the diagnosis, cure, mitigation, treatment or prevention of disease, injury, pain or deformity or physical or emotional condition or health problem in humans or intended to affect the structure or function of the human body.

"Joint protocol" means an agreement or contract between an advanced practice nurse and a collaborating physician which conforms to the standards established by the Director of the Division of Consumer Affairs pursuant to this rule.

"Medication" means any substance for which a prescription is required which is intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease, injury, pain or deformity or physical or emotional condition or health problem in humans or intended to affect the structure or function of the human body.