## I'm not a bot



## Scope of practice in nursing

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Scope of practice describes the services that a qualified health professional is deemed competent to perform, and permitted to undertake - in keeping with the terms of their professional license. Scope of practice defined in nursing The Nursing Scope and Standards of Practice describe the "who," "where," "when," "when," "when," and "how" of
nursing practice: Who: Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN) comprise the "who" constituency and have been educated, titled, and maintain active licensure to practice nursing. What: Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of
healing; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, groups, communities, and populations. Where: Wherever there is a patient in need of care. When: Whenever there is a patient in need of care.
the most positive patient outcomes in keeping with nursing's social contract and obligation to society. When each of these questions is answered, the complex considerations in scope of practice and overlapping responsibilities
are inevitable in our current and future healthcare system. Newly-Revised: Nursing: Scope and Standards of Practice, 4th Edition This resource informs and guides nurses in their vital work providing safe, quality, and competent care. Purchase your copy now » Nursing Specialty Recognition, Scope and Standards Review, Affirmation of Competencies
The American Nurses Association (ANA) has an established review program for recognition of a specialty nursing specialty nursing standards of practice competencies. Details about each component of this program, specialty
characteristics, review criteria, and submission process are described here. Healthcare licensure for each state legislature passes a law,
known as a "nurse practice act." Step 2: Regulatory bodies then create and implement rules and regulations, intended to protect the public. Choice in healthcare system in which many different types of qualified professionals are available, accessible, and working together
- collaboratively. Therefore, it is important for scope of practice to reflect a professional's true expertise. ANA is a founding member of the Coalition for Patient's Rights (CPR), which was established to improve patients' access to the healthcare providers of their choice, and the range of services those providers offer. The CPR consists of more than 35
organizations representing a variety of licensed healthcare professionals, each providing a diverse array of safe, effective, and affordable care. Protecting and advancing scope of practice for nurses are able to practice
to the full extent of their education and abilities, in order to deliver the most efficient, quality care to patients. There is a growing body of evidence to support the safe and cost-effective provision of care by APRNs, and a national call to remove all barriers to full practice authority. ANA remains committed to monitoring and advocating for legislative
and regulatory changes relating to scope of practice, with the aim of removing access to care. Written By: Kasee Wiesen DNP, APRN, FNP-C In the United States, there is currently a shortage of physicians despite the aging and growing population. According to the Association of American Medical Colleges,
the population of people aged 65 years or older is expected to grow by 45.1%, and the general population will increase by 10.4% over the next 15 years. Therefore, there is a great need for providers that can provide support and a solution
to this dilemma is the nurse practitioner. As of May 2021, there are more than 325,000 practicing nurse practitioners in the United States. Of those 325,000, 70.2% practice in primary care. This number is expected to continue to grow, participating in the solution for the current physician shortage. While most, if not all, NPs take a similar board
certification exam based on their specialty, the nurse practitioner scope of practice by state is different. Have you wondered what is the scope of practice, including nurse practitioner scope of practice by state. What Does Nurse
Practitioner Scope of Practice Mean? The scope of practice for the nurse practitioner defines the "who," "what," "where," "why," and "how" of the NP practice. Nurse practitioners deliver care to patients and have been trained to assess, diagnose, and treat the patient
through their education. The scope of practice defines to what degree they can do this. The scope of practice autonomously? Or, can they sign death certificates? The nurse practitioner's scope of practice by state does vary. This makes it challenging for NPs who work
in multiple states or even when moving to another state. It can lead to NPs accidentally practicing outside of their scope of practice. There is current discussion and support for moving towards the APRN consensus model, which would help provide uniformity of the APRN role across state lines. This would include the same process for licensure,
accreditation, and certification. The standards for educational requirements and scope of practice would be streamlined across state lines. The nurse practitioner scope of practice laws encompasses nine different components. It lays out the rules and regulations that a nurse must comply
 with to practice in a specific state. The nurse practice, and restricted practice authority is one component of the scope of practice authority is one referred to as the practice authority is one component of the scope of practice. It may also be referred to as the practice authority is one component of the scope of practice authority is
full practice, the NP can practice independently of a physician. Reduced in other aspects of delivering care. Restricted practice requires the NP to have career-long supervision, delegation, or team management by another health provider. The NP
is also typically restricted in practice laws. It is essential that once you obtain your APRN license, you have a
complete understanding of the practice environment and scope of practice for the NP, visit your state board of nursing. Yes, all nurse practitioners must abide by the nurse practitioner scope of practice laws determined by their
state board of nursing. These are the laws that the NP must follow in order to deliver care or practice laws because each state has it's own regulatory board, typically the state board of nursing, which determines the scope of
practice for the NP. In other words, the state board of nursing for each state determines the scope of practice laws for the nurse
 practitioner. Currently, there is a push for legislation that would give NPs full practice authority in all 50 states. This would allow NPs role in each state as the nurse practitioner scope of practice by state would be the same. There are also
organizations looking for a nationwide approval of the APRN Compact legislation. This would allow the NP to obtain a state license in one state, but practice in other states much easier. The nurse practitioner scope of practice in other states much easier.
practice. Therefore, it is vital to understand your scope of practice in the state you are practice to the fullest extent of their
 education and license. They can practice independently and autonomously. Reduced practice means the NP has reduced ability to practice in one of the NP elements of practice indicates the NP is restricted in their ability
to practice in one of the NP practice elements. They may have to be supervised by a physician for the entire career or be restricted in one of the other elements of NP practice. The scope of practice also includes medical staff membership. Being a medical staff member as an NP is not allowed in all states. 12 states allow the NP
to join the medical staff as a full member. Some states allow an NP to be a member of the medical staff, but at a reduced membership, indicating they cannot participate to the same extent as a physician. A handful of states do not allow the NP to be a member, and a few more states have no law about this. Autonomous practice refers to
the NP practicing autonomously and independently from collaborating with a physician or other healthcare provider. They may join a collaborative agreement voluntarily, but it is not required. This allows the NP to practice to the fullest extent of their advanced education and license. Not all state scope of practice laws for nurse practitioners allow for
the NP to practice autonomously. The scope of practice for nurse practitioners includes whether an NP can practice as a primary care providers. Forty-two states recognize NPs as primary care providers. Forty-two states recognize NPs as primary care providers.
care providers, and in eight states plus D.C. there is no law regarding NPs being primary care providers. Many states have restrictions or limitations in place regarding the NP independently prescribing schedule II drugs. Some states require a lifelong collaboration with a physician, while others require a collaborative agreement for a specified
number of hours or years. Other states have specified educational requirements and applications that must be completed for permission to prescribe schedule II drugs. The NP scope of practice laws
in a majority of states allow the NP to order or place consults for physical therapy or no consult is needed in the state for a patient to participate in PT. Some states do only allow physicians to consult, refer or order PT. The scope of practice of nurse practitioners includes the NP's ability to sign death certificates. In some states, the NP is granted full
authority to sign death certificates. In other states, it is only allowed by an NP in specific specialties such as hospice, under certain conditions, or the physician must sign it. The nurse practice includes if the NP is allowed to
sign disabled person placard forms. A few states still require a physician to sign the disabled person's placard form and may even require the NP to prove the patient has a disability. There are a few acronyms that can be used synonymously depending on the state you where your practice. The National Physician's Orders for Life-Sustaining Treatment
(POLST), Practitioner Orders for Life-Sustaining Treatment (POLST), Medical Orders for Scope of Treatment (MOST), Medical Orders for Life-Sustaining Treatment (COLST) are forms completed by a patient to clearly define and layout the
patient's wishes during end-of-life planning and treatment. The nurse practitioner scope of practice by state differs whether an NP can sign these forms, but other states still require these forms only to be completed by a physician. Some states do not have a law about this yet. As I have stated above, the
nurse practitioner's scope of practice by state is different. Below, you will find the latest NP scope of practice laws by state. The practice environment for a nurse practitioner practicing in Alabama is reduced practice. The NP cannot practice
autonomously and must have a collaborative agreement with a physician to deliver care to patients. Once the collaborative agreement is in place, the NP can prescribe medications, order physician to deliver care to patients. Once the collaborative agreement is in place, the NP can prescribe medications, order physician to deliver care to patients. Once the collaborative agreement is in place, the NP can prescribe medications, order physician to deliver care to patients.
practicing in Alabama regarding being a primary care provider or signing a POLST form. Still, again, they are not able to prescription medications, they can prescription medications, but most scheduled drugs must be co-signed by their collaborating
physician. Regulatory StructureMedical Staff MembershipAutonomous Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Sign Disabled Person Placard FormsPOLST/POST/MOLST/MOST/COLSTFull Practice V V Reduced Practice V Restricted Practice V No Law V V The practice
environment for a nurse practitioner practicing in the state of Alaska is full practice authority. This allows the NP practicing in Alaska to practice autonomously, be a primary care provider and independently prescribe medications. In other words, they can assess, diagnose and treat the patient independently without having a collaborative agreement
with a physician. They can also order physical therapy, sign disabled person placard forms, and sign POLST forms. They do, however, have reduced practice in regards to signing death certificates and medical staff membership. The NP can sign a death certificate in Alaska, but the physician must authorize the NP to sign the death certificate, and the
physician must certify the certificate within 24 hours. They do also have reduced practice in medical staff membership. Regulatory StructureMedical I DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard
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a physician. They can prescribe medications, including class II-V scheduled medications. The NP practicing in Arizona may order physical therapy, sign death certificates, and sign disabled person placard forms. They can prescribe medications, including class II-V scheduled medications. The NP practicing in Arizona may order physical therapy, sign death certificates, and sign disabled person placard forms. They can prescribe medications, including class II-V scheduled medications.
received and may choose to limit this number. Lastly, they do have reduced practice in regards to medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard
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with a physician to practice. There is no law, though, about whether an NP can be a primary care provider. They can order physical therapy and sign death certificates. In regards to prescribing medications, they can prescribe schedule III-V but cannot prescribe
schedule II drugs. It is important to note that before an NP can prescribe medicines in Arkansas, they must have 300 hours of precepted experience in the prescription authority. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care
ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/POST/MOLST/MOST/COLSTFull Practice V V Restricted Practice Practice
meaning they must have a physician's career-long supervision, delegation, or team management. They cannot sign death certificates. They are, however, able to practice as a primary care provider, sign disabled person placard forms, and sign POLST or similar documents. Regarding ordering physical therapy, they can refer to PT, but it depends upon
the collaborative agreement with their supervising physician. They can also independently prescribe schedule II drugs after six months of supervision by a physician, completion of a specific pharmacology course, and completion of a specific pharmacology course about schedule II controlled substances. Regulatory Structure Medical Staff
MembershipAutonomous Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Sign Disabled Person Placard FormsPOLST/MOST/COLSTFull Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Primary Care ProviderIndependently Prescribe Physical Physical
Colorado is full practice. This does allow for the NP may assess, diagnose and treat the patient independently. They may also order PT, sign disabled person placard forms and sign POLST forms. The NP in the state of Colorado can
independently prescribe schedule II drugs, but for their first 1000 hours of practice, they must have a "prescribing mentorship" with a physician or APRN. The communication between the new NP and the mentor may be completed remotely, but it must occur in a synchronous form and not via email. However, they are not able to sign death
certificates as only a licensed physician can do that in the state of Colorado. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOLST/MOLST/MOLST/MOLSTFull
Practice / / / / Reduced Practice / Restricted Practice of Connecticut is full practice in the state of Connecticut is full practice. This allows the NP to assess, diagnose and treat the patient independently of a collaborative relationship with another healthcare provider. It is within their scope of practice to deliver primary care
order physical therapy, sign death certificates, sign disabled person placard forms, and sign POLST forms. Regarding independently prescribing schedule II drugs, the NP can but must collaborate with a physician for three years and a minimum of 2,000 hours. The NP must also complete 30 hours of pharmacology education and apply for a Controlled
Substance Registration before prescribing class II drugs. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/POST/MOLST/MOLST/MOLSTFull Practice / / / / / Reduced
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disabled person placard forms and sign POLST or similar documents in their state. The NP can prescribe schedule II drugs, but a collaborative authority. There are specifics regarding the pharmacology courses needed to maintain a license to continue prescribing schedule II
drugs. They are not able to practice autonomously and must have a collaborative agreement with a physician. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard
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can do under their NP license. In Florida, the NP cannot practice autonomously. Still, they can deliver care as a primary care provider, order PT, sign death certifications, and sign disabled person placard forms. There are restrictions in place regarding prescribing medications, specifically schedule II drugs. They can prescribe medications under their
written collaborative agreement with a physician. They are also able to prescribe class II drugs, but there is a seven-day limit. Regarding psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time, but only a psychiatric drugs, these can be prescribed for a longer length of time.
AMA PRA 1 credit hours in the prescription of controlled substances before prescribing the medications. They have reduced practice in medical staff membership. In Florida, there is no specific law dedicated to the NP signing the POLST or similar form. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care
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practice in Indiana is reduced practice. In other words, there are some limitations on their scope of practice autonomously but instead must have a collaborative agreement with a physician. The NP can prescribe schedule II drugs, but the prescriptive authority must be outlined in the collaborative agreement with
the physician. The NP in Illinois can order PT, sign death certificates, sign disabled person placard forms and sign POLST or similar documents. They have reduced practice for medical Staff Membership Membership and sign POLST or similar documents. They have reduced practice for medical Staff Membership Membership and sign POLST or similar documents.
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be primary care providers and order PT, sign death certificates, sign disabled person placard forms and sign POLST or similar documents. This allows for the ability to practice autonomously, including assessing, diagnosing, and treating the patient. They are also able to prescribe medications independently. This does include schedule II drugs, but
they must register with the Board of Pharmacy before prescribing schedule II drugs. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II drugs. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribing Schedule II drugs. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II drugs. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribing Schedule II drugs. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II drugs.
Practice / / / / / Reduced Practice as an NP in the state of Kansas, you must have a collaborative
agreement with a physician. You can, however, order PT and sign disabled person placard forms. Regarding independently prescribing schedule II drugs, the NP can prescribe but must have a written collaborative agreement and protocol with the physician, and the DEA must have a copy. They have full practice to medical staff membership. There
are currently no laws about whether an NP can be a primary care provider or sign a POLST or similar form. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care Provider Physical TherapySign Death CertificatesSign Disabled Person Placard
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similar forms. They can deliver care in the primary care setting, sign death certificates and sign disabled person placard forms. There are no laws in place regarding the NP ordering PT. The NP in Kentucky must have a separate collaborative agreement with a physician to prescribe controlled substances. This agreement must be in place for four
years. They have reduced practice to medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/POST/MOLST/MOST/COLSTFull Practice / / Reduced
Practice / / Restricted Practice of Louisiana, the NP cannot practice autonomously and must have a collaborative agreement in place with a physician. In Louisiana, the NP cannot sign death certificates or POLST and similar forms. They can practice as a primary
care provider, order PT, and sign disabled person placard forms. Regarding prescribing schedule II drugs, but a specific collaborative agreement must be between the NP and a physician. They must also obtain approval through a separate application to the Louisiana state board of nursing. The NP in Louisiana has a specific collaborative agreement must be between the NP and a physician. They must also obtain approval through a separate application to the Louisiana has a specific collaborative agreement must be between the NP and a physician.
reduced practice to medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOST/COLSTFull Practice Industrial Practice Indus
Practice / / No Law The nurse practice in the state of Maine is full practice autonomously, allowing them to assess, diagnose and treat the patient independently. They can order PT, sign death certificates, sign disabled person placard forms and sign POLST and similar
documents. They have reduced practice for medical staff membership. Regarding prescribing schedule II drugs, NPs must be supervised by a physician or NP or be employed by a clinic or hospital that has a physician as the medical director for their first 24 months of practice. After 24 months, the NP can practice independently as long as they stay
PracticeNo Law The nurse practitioner scope of practice in the state of Maryland is full practice. In other words, the NP can assess, diagnose and treat the patient independently. The NP is able to practice autonomously, deliver care in the primary care setting, order PT, sign death certificates, and sign disabled person placard forms. They are also
able to sign POLST forms or similar forms. The NP is able to independently prescribe schedule II drugs but for their first 18 months or practice, a collaborative agreement with a physician is needed. The NP must also complete and maintain the educational requirements to prescribe schedule II drugs. There is no law in the state of Maryland regarding
the NP and medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Figure ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Figure ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Figure ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Figure ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Figure ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Figure ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Figure ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Figure ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Figure Physical TherapySign Death 
PracticeNo Law The NP scope of practice in Massachusetts is full practice. They can assess, diagnose, and prescribe treatment plans independently but cannot practice autonomously in Massachusetts. They must have a collaborative agreement in place with a physician. They can deliver care in the primary care setting, order PT, sign death
certificates, sign disabled person placard forms and sign POLST forms or similar forms. They also have full practice to medical staff membership. The NP may prescribing medications. The NP must also complete a
specified number of pharmacology continuing education hours in addition to their graduate program. Regulatory StructureMedical I DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard
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death certificates. They can order PT, sign disabled person placard forms, and similar forms, and similar forms and similar forms, the NP can prescribe nonscheduled drugs. To prescribe schedule II drugs, the physician must delegate and outline in the collaborative
agreement. Regulatory StructureMedical Staff MembershipAutonomous Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOST/COLSTFull Practice V V Reduced Practice V V Restricted Practice V V No Law V The scope of
practice for nurse practitioners in Minnesota is full practice. In Minnesota, the NP can practice autonomously, allowing them to assess, diagnose and treat patients independently. They can deliver care in the primary care setting, order PT, sign death certificates, sign disabled person placard forms and sign POLST forms or similar forms. The NP is
also able to prescribe class II scheduled drugs independently. In Minnesota, the NP has reduced practice for medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard
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not able to sign death certificates or POLST, or similar forms. They can order PT and sign disabled person placard forms. They have reduced practice for medical staff membership. NPs in Mississippi can prescribe controlled substances.
Regulatory StructureMedical Staff MembershipAutonomous Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice V No Law The nurse practitioner
scope of practice in Missouri is restricted price, indicating there are restrictions on their practice autonomously, and there are restrictions regarding medical staff membership. They can order PT, sign death certificates and sign
MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Practice Practice Practice Practice Practice In the state of the state of the practice ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Practice ProviderIndependently Practice In the state of the practice Practice ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice ProviderIndependently Practice ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice ProviderIndependently Practice ProviderIndependently Practice Physical TherapySign Death Certificates Physical TherapySign Death Certificates Physical Practice Physical Phys
Montana is full practice. The NP practicing in Montana can practice autonomously and deliver care in the primary care setting. They can also order PT, sign death certificates, sign disabled person placard forms and sign POLST and similar documents. They have full practice to medical staff membership. They can prescribe schedule II drugs
independently, but they must complete a separate license. The NP must also meet a specified number of hours in pharmacology, pharmacotherapeutics, and clinic management in their specialty. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical
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order PT, sign death certificates and sign disabled person placard forms. Regarding prescribing schedule II drugs, the NP can prescribe but must have a collaborative agreement with a physician for their first 2,000 hours of practice. They have reduced practice for medical staff membership. There are currently no laws about whether an NP can be a
primary care provider or their ability to sign POLST and similar forms. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOLST/MOLST/MOLSTFull
Practice / / / / Reduced Practice or the nurse practice for the nurse practice for the nurse practice for the nurse practice autonomously, order PT, sign death certificates, sign disabled person placard forms and sign POLST and similar documents. There is no law regarding the ability of the NP to
be a primary care provider. They have full practice to medical staff membership. Regarding prescribing schedule II drugs, the NP must have a collaborative agreement in place with a physician. They must also complete two years or 2,000 hours of clinical experience, and if they do not, there must be a specific protocol with the collaborating physician
There is currently no law stating whether an NP can deliver care in the primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOST/COLSTFull
Practice / / / / Reduced Practice Practice Practice Practice Practice in the state of New Hampshire is full practice. This means the NP can practice autonomously and be a primary care provider. They can also order PT, sign death certificates, sign disabled placard forms and POLST, and similar documents.
There is no law regarding their ability to be a member of the medical staff. Nurse practitioners in New Hampshire can prescribe class II scheduled drugs but must complete specified education requirements before being allowed to prescribe. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently
Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MO
enter a collaborative agreement with a physician. NPs in New Jersey are only allowed to sign death certificates in specific circumstances. They have reduced practice for medical staff membership. In New Jersey, the NP can prescribe schedule Il
drugs as long as they have a collaborative agreement with a physician and complete the educational requirements. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard
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order PT, sign death certificates, sign disabled person placard forms and sign POLST and similar documents. They also have full practice to medical staff membership. Regarding prescribing schedule II drugs, they must have a specified number of contact hours and hours of work experience before they can prescribe independently. Regulatory
practice in New York is full practice. In New York, the NP cannot practice autonomously and must be in a collaborative agreement with a physician. They can, however, be a primary care provider, order PT, sign death certificates, sign disabled person placard forms and similar documents. They also have full practice to medical staffing the same provider and sign POLST and similar documents.
membership. The NP in New York can prescribe schedule II drugs, but they must have a collaborative agreement with a physician and complete a required amount of pharmacotherapeutics hours. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical
TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/POST/MOLST/MOST/COLSTFull Practice of practice in North Carolina is restricted practice. The NP is not able to practice autonomously and must have a physician's career-long
supervision, delegation, or team management. In practice, they can order PT, sign death certificates, sign disabled person placard forms and similar documents. They have full practice to medical staff membership. They can prescribe class II drugs, but it must be outlined in the collaborative agreement, and the NP must complete the
education requirements. In North Carolina, there is currently no law regarding the NP being a primary care provider. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard
disabled placard forms, and sign POLST or similar documents. The NP in North Dakota can prescribe schedule II drugs independently Prescribe schedule II drugs independently but must complete the required education. They have full practice to medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe
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collaborative agreement in place with a physician. They are not allowed to sign death certificates as these must be signed by a physician. However, they can be a primary care provider, order PT, and sign disabled person placard forms. They have reduced practice to medical staff membership. They can prescribe schedule II drugs, but it must be in the
collaborative agreement and complete the required education. In Ohio, there is no law regarding the NP signing POLST or similar forms. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard
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also not sign death certificates or sign POLST or similar forms as these must be signed by a physician. The NP in Oklahoma can order PT and sign disabled person placard forms. They are also able to deliver care in the primary care setting. They have reduced practice medical staff membership. In Oklahoma, the NP is not able to prescribe schedule II
drugs. They can prescribe schedule III-V as long as a collaborative agreement is in place with a physician. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard
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 forms and sign POLST or similar documents. The NP is also able to prescribe schedule II drugs, but they must first complete educational requirements. They have reduced practice for medical staff membership. Regulatory StructureMedical Staff Membership. Regulatory StructureMedical Staff Membership Autonomous Practice for medical staff membership. Regulatory StructureMedical Staff Membership Autonomous Practice for medical staff membership.
Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOST/COLSTFull Practice of practice in Pennsylvania is reduced practice. The NP can't practice autonomously, indicating the need for a life-long collaboration with
a physician. The NP can deliver care in a primary care setting, order PT, sign death certificates and disabled person placard forms, and sign POLST or similar documents. When prescribing schedule II drugs, the NP can prescribe but must be in the collaborative agreement. They must also complete specified educational requirements. NPs in
Pennsylvania have restricted practice to medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOL
Practice / Restricted Practice of practice of practice autonomously and independently from a physician. In Rhode Island is full practice, allowing the nurse to practice autonomously and independently from a physician. In Rhode Island is full practice, allowing the nurse practice of practice autonomously and independently from a physician.
POLST or similar documents. They have reduced practice to medical staff membership. There are some limitations for the NP must have a population focus on psychiatric or mental health, allowing them to prescribe stimulants
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and POLST or similar documents. They cannot sign disabled person placard forms. There is also no law specifying if an NP can be a primary care provider or have medical staff Membership. In South Carolina, the NP cannot prescribe schedule II drugs. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care
ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOST/COLSTFull Practice Practic
autonomously without the need for a collaborative agreement with a physician. They can order PT, sign death certificates and sign POLST or similar documents. They cannot sign disabled person placard forms. In South Dakota, the NP can prescribe schedule II drugs, but for the first 1,040 hours of practice, they must be in a collaborative agreement
with a physician. There is currently no law regarding the NP being a primary care provider. The NP in South Dakota does have reduced practice to medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous Practice to medical staff membership. Regulatory StructureMedical Staff MembershipAutonomous Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death
CertificatesSign Disabled Person Placard FormsPOLST/POST/MOLST/MOST/COLSTFull Practice of Practice in Tennessee is restricted practice. The NP cannot practice autonomously and must have a physician's career-long supervision, delegation, or team
management. They are also restricted from medical staff membership or signing death certificates. In Tennessee, the NP can be a primary care provider, sign disabled person placard forms and sign POLST or similar document. There is no current law regarding the NP ordering PT. NPs in Tennessee can prescribe schedule II drugs, but they must be
supervised by a physician and complete the education requirements. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLSTFull PracticeVVV Reduced
Practice / Restricted Practice Practice
Texas, the NP can only sign death certificates and practice as a primary care provider under certain circumstances. They have reduced practice for medical staff membership. Regarding prescribing schedule II drugs, the NP in Texas can prescribe schedule II drugs with, but they must maintain a prescriptive authority or protocol with a physician.
They must also complete the education requirements before receiving prescriptive authority. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOST/MOST/MOST/COLSTFull
Practice / / Reduced Practice / / Restricted Practice of practice autonomously and must be in a collaborative agreement with a physician. In Utah, the NP can order physical therapy, sign death certificates and disabled person
placard forms, and sign POLST or similar documents. They also have full practice, or 2,000 hours of practice, the NP must have a collaborative agreement with a physician if they desire to prescribe schedule II drugs, but for their first two years of practice, the NP must have a collaborative agreement with a physician if they desire to prescribe schedule II drugs. They must also complete
Practice No Law The nurse practitioner scope of practice in the state of Vermont is full practice to medical staff
membership. To prescribe schedule II drugs in Vermont, the NP keep a written collaborative agreement with a physician for their first two years of practice or 2,400 hours of practice or 2,400 hours of practice. They must also complete the required education for prescriptive authority. There is currently no law about the NP being a primary care provider. Regulatory
Structure Medical Staff Membership Autonomous Practice Primary Care Provider Independently Prescribe Schedule II DrugsOrder Physical Therapy Sign Death Certificates Sign Disabled Practice Prac
practice in Virginia is restricted practice. This prohibits the NP from practicing autonomously. Therefore, they must have a physician's career-long supervision, delegation, or team management. However, they can order PT, sign death certificates and disabled person placard forms, and sign POLST or similar documents. They do have reduced practice
to medical staff membership. In Virginia, all drugs are considered schedule II drugs as part of a patient care team and complete the specific education requirements. There is currently no law about an NP in Virginia being a primary care provider.
Regulatory StructureMedical Staff MembershipAutonomous Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates ProviderIndependently Prescribe Pre
scope of practice in the state of Washington is full practice. Full practice authority allows the NP can be a primary care provider, order physician. In Washington state, the NP can be a primary care provider, order physician. In Washington is full practice authority allows the NP to practice authority allows the NP 
person placard forms and sign POLST or similar documents. To prescribe schedule II drugs, the NP must complete the specified educational requirements regarding prescribe Schedule II DrugsOrder Physical TherapySign
Death CertificatesSign Disabled Person Placard FormsPOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MO
agreement with a physician. In West Virginia, the NP is able to be a primary care provider, order physical therapy, and sign death certificates. They have reduced practice for medical staff membership. The NP in West Virginia can prescribe medications, but cannot
prescribe schedule II drugs. Regulatory StructureMedical Staff MembershipAutonomous Practice Primary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death Certificates Fractice II DrugsOrder Physical TherapySign Death Certificates II DrugsOrder Physical TherapySign Disabled Practice II DrugsOrder Physical TherapySign Disabled Physical Th
Law The scope of practice for nurse practitioners in Wisconsin is reduced practice. Therefore, the NP cannot practice autonomously or independently and must be in a collaborative agreement with a physician. They can order physical therapy and sign disabled person placard forms. In Wisconsin, the NP cannot sign death certificates as these must be
signed by a physician. There is currently no law regarding the NP signing POLST or similar documents or the NP being a primary care provider. The NP can prescribe medication, but they must have a collaborative agreement and supervision by a physician. There is currently no law regarding the NP signing POLST or similar documents or the
Practice / / Restricted Practice authority grants the NP the ability to practice independently and autonomously. The NP can order physical therapy in Wyoming, sign death certificates and disabled person placard forms. They are also able to sign
POLST or similar documents. There is currently no law in Wyoming regarding an NP being a primary care provider. The NP in Wyoming can prescribe schedule II drugs without a collaborative agreement, but they must complete the specified educational requirements for prescriptive authority. Lastly, they have reduced practice for medical staff
membership. Regulatory StructureMedical Staff MembershipAutonomous PracticePrimary Care ProviderIndependently Prescribe Schedule II DrugsOrder Physical TherapySign Death CertificatesSign Disabled Person Placard FormsPOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/MOLST/
know the state scope of practice laws for nurse practice law you must follow. This is important because the NP scope of practice law you must follow. This can get confusing if you work in more than one state or have worked in other states in the past. Below, I will discuss five ways to ensure you always work within the nurse
practitioner's scope of practice in your state. The state board of nursing should have a page dedicated to the scope of practicioner. This will allow you to ensure you are practitioner websites will keep you up-to-date
regarding the nurse practitioner scope of practice by state. Not all national websites or professional organization, but the AANP is an example of one organization that does provide current information, but the AANP is an example of one organization that does provide current information, but the AANP is an example of one organization that does provide current information, but the AANP is an example of one organization that does provide current information.
a handwritten copy or a document you printed from a website. This is also beneficial if you work in multiple states as it is a quick reference. If you are confused about a certain component regarding your scope of practice, do not be shy to seek clarification from your state board of nursing or NP regulatory organization. This can usually be done
quickly by email and you should receive a timely response. It is important to be mindful, that while your state may allow you to practice autonomously, if you work for an organization, the organization may require you to work "under" a physician or have a collaborative agreement with a physician. You may also not be allowed to have your own
patients. Therefore, while it is most important for you to know the scope of practice of nursing practitioners in the state you work, you must also follow the rules of the organization or practice you work, you must also follow the rules of the organization or practice you work, you must also follow the rules of the organization or practice you work, you must also follow the rules of the organization or practice you work, you must also follow the rules of the organization or practice you work, you must also follow the rules of the organization or practice you work for. If you do not follow the rules of the organization or practice you work for nurse 
from disciplinary action by your employer to litigation against you by a patient or organization. Below, I discuss six possible consequences of not working within your state's legal nurse practice, there is a potential to harm the patient. For example, this can occur if you
prescribe class II schedule drugs without completing the required education. You may not practice evidence-based medicine in the delivery of schedule II drugs, thus potentially harming the patient. Disciplinary action may be te taken or even termination of employment by your workplace if you practice outside the scope of practice for nurse
practitioners. The severity of the consequence would depend on multiple factors, such as if it led to a poor patient outcome or if it was your second or third time practicing outside of your NP and RN license suspended. This suspension
could be for a couple of months or even a year. There would most likely be additional education requirements that would have to be completed before having your license reinstated. If it is your second or third violation of practicing outside the NP scope of practice or your choice led to harm to a patient, the state board of nursing may decide to
terminate your license. Practicing outside of your scope of practice as a nurse practitioner may also lead to litigation or legal action against you. You may be sued by a patient, healthcare provider. The lawsuit's outcome can hurt your reputation as an NP and may lead to being unable to find new jobs or even
termination of your NP and RN license. The nurse practitioner scope of practice by state did change during Covid-19, but it is not permanent. A lot of the states granted emergency (temporary) acts to grant nurse practitioner scope of practice authority. This allowed for NPs to use their education to their fullest. By allowing the NP to have full practice
authority, the NP can help meet the healthcare needs of the people and ensure they receive the care they need, specifically during the pandemic. This change is not permanent in many states, and some states have already returned to their previous scope of practice laws. It did bring greater awareness to gaps in the healthcare system and
demonstrated the NPs' ability to aid the physicians and increase access to healthcare, especially in rural communities. It proves that NPs and physicians can work together to improve the overall health, and collaborative agreements are not always needed to ensure the delivery of high-quality healthcare. The temporary full practice authority act also
helped bring to light inconsistencies in the scope of practice between states. These inconsistencies can lead to confusion for both the patient and healthcare providers, potentially affecting the quality of care delivered. The growing need for nurse practitioners is continuing to become more evident. After reading the nurse practitioner scope of practice
by state, I hope you can see some of the inconsistencies between the states in allowing NPs to practice to their fullest extent. There have been many positive changes for NPs over the last several more changes for NPs over the last several was allowed by states.
from the AANP. Full practice authority indicates the nurse practitioner can practice to the fullest extent of their education and license. They do not need a life-long collaboration with a physician and can practice independently of a physician if they choose.
AlaskaArizonaColoradoConnecticutDelawareIdahoIowaHawaiiMaineMarylandMassachusettsMinnesotaMontanaNebraskaNevadaNew HampshireNew MexicoNorth DakotaVermontWashingtonWyoming(Source: aanp.org) The 15 states listed in the table below are the states that have issued reduced practice authority
for the nurse practitioner. This indicates that the NP will need a life-long collaboration with a physician. There are also typically other areas within the nurse practitioner's practice where limitations may be in place. AlabamaArkansasIllinoisIndianaKansasKentuckyLouisianaMississippiNew JerseyNew YorkOhioPennsylvaniaUtahWest
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VirginiaWisconsin(Source: aanp.org) There are currently eleven states listed in the table below where the NP has restricted practice. This indicates that the NP must have career-long supervision, delegation, or team management by another health provider. The NP is also typically restricted in practicing in a minimum of one additional element of the NP practice. CaliforniaFloridaGeorgiaMichiganMissouriNorth CarolinaOklahomaSouth Carolina