This is an amendment to 16.12.2 NMAC, Section 13 and 15, effective 3/26/2020.

16.12.2.13 ADVANCED PRACTICE REGISTERED NURSE (APRN) CERTIFIED NURSE PRACTITIONER (CNP):

A. Requirements for licensure of nurse practitioners.
   (1) Hold a current, unencumbered RN license from New Mexico or hold a compact multi-state RN license.
   (2) Successfully complete a graduate level nursing program designed for the education and preparation of nurse practitioners as providers of primary, or acute, or chronic, or long-term, or end of life health care.
      (a) The program must be offered through an accredited institution of higher education or through the armed services.
      (b) If the applicant is initially licensed by any board of nursing including the New Mexico board of nursing after January 1, 2001 the program must be at the master’s in nursing level or higher. Applicants who do not hold a master’s level or higher degree from a nurse practitioner program and were initially licensed by any board before January 1, 2001, must provide verification of NP licensure.
      (c) The educational documentation shall verify the date of graduation, credentials conferred and number of supervised clinical hours as a nurse practitioner in the education program.
   (3) Provide evidence of successful accomplishment of national certification as a nurse practitioner.
   (4) It is the responsibility of the applicant to provide documented evidence of his/her qualifications for licensure.
   (5) Applicants who meet the minimum didactic and pharmacology requirements, but lack the required preceptorship, may be considered for licensure in New Mexico if the applicant provides satisfactory evidence of two years nurse practitioner experience in another jurisdiction.
   (6) Nurse practitioners who will be requesting prescriptive authority must also comply with the requirements for prescriptive authority as outlined in these rules.

B. Procedure for licensure as a graduate nurse practitioner. The applicant seeking licensure as a nurse practitioner shall be responsible for providing proof of meeting the requirements for licensure.
   (1) The applicant shall complete the New Mexico nurse practitioner licensure application and submit it along with all required documents in accordance with the instructions.
   (2) Upon acceptance of the completed application and receipt of all required supporting documents, the file is reviewed for qualifications and compliance with the requirements.
   (3) Applicants who do not meet the requirements for licensure may request or be requested to meet with the board or its designee.
   (4) Nurse practitioners are not eligible to practice in New Mexico as a certified nurse practitioner until so licensed in accordance with the licensure procedures.
   (5) The board may appoint nurse practitioners to the advanced practice committee. These nurse practitioners will provide advice regarding licensure and practice of nurse practitioners.

C. Graduate nurse practitioners (GNP) permit-to-practice may be issued, upon written request, provided all requirements have been met except national nursing certification.
   (1) GNPs must practice under the direct supervision of a physician or New Mexico Certified Nurse Practitioner (NCP) or Certified Nurse Specialist (CNS) in the specialty.
   (2) GNPs may prescribe medications only under the direct supervision of a licensed CNP, CNS or a physician, in compliance with these rules. GNPs must fulfill the requirements in this section to prescribe controlled substances.
   (3) GNP permits will be issued to the employer.
   (4) A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor and the name of the prescription supervisor, is required from each employer. Upon change in employment, the new employer must send the board a letter of intent to employ. The board will then issue a permit to practice at the new place of employment. The permit will be issued directly to the new employing agency.
   (5) The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GNP permit.
   (6) GNP permits cannot be transferred or renewed.
(7) GNP permits expire on the date specified on the permit. Permits shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice as a GNP. It is the responsibility of the GNP to request that the national certifying organization notify the board of nursing of the results of the examination.

D. An initial license to practice as a CNP shall be issued only after receipt by the board of proof of national certification. Such proof must be submitted to the board directly from the certifying agency prior to the expiration of the permit or temporary license.

E. Prerequisites for licensure of CNP by endorsement.
   (1) Verification directly from the licensing authority, which shall include graduation from a nurse practitioner program.
   (2) In lieu of verification of advanced practice licensure for the licensing authority the board will accept:
       (a) documentation directly from that licensing authority that the state does not issue advanced practice licensure;
       (b) a sworn affidavit from applicant that they practice as an advance practice nurse with the year practice began, and;
       (c) if applicant was licensed by another board after January 1, 2001, submit a transcript from the program directly to the board documenting completion of a nurse practitioner program on the master’s or higher level.
   (3) Verification from applicant of national certification as a nurse practitioner.
   (4) Nurse practitioners who are requesting prescriptive authority must comply with the requirements for prescriptive authority as outlined in these rules.
   (5) Complete and submit the required application from licensure by endorsement in accordance with all instructions including the required fee.
   (6) Continuing education is not required for initial CNP licensure by endorsement.

F. Qualifications for licensure as CNP are pursuant to the Nursing Practice Act.
   (1) Refer to Subsection A of 16.12.2.13 NMAC for licensure requirements.
   (2) Disciplinary action taken or pending against a nursing license in another jurisdiction, or a conviction of a felony, may result in denial of a license.

G. A CNP temporary license may be issued to an endorsee awaiting results on successful completion of national certification.

H. A temporary nurse practitioner license may be issued to an endorsee who:
   (1) submits a completed endorsement application and fee in accordance with all instructions;
   (2) submits a copy of current national certification as a nurse practitioner; the following exceptions can be made;
       (a) nurse practitioners who were licensed by any jurisdiction before December 2, 1985 are not required to hold national certification; or
       (b) when the state of former advanced practice licensure does not require national certification; proof of national certification as a nurse practitioner must be submitted to the board before a license will be issued;
   (3) the board will issue the temporary license to the applicant;
   (4) a temporary license is valid for a period not to exceed six months from the date of application, is non-renewable and becomes null and void upon issuance of a current license, expiration, or withdrawal by board action;
   (5) applicant is responsible for assuring that all requirements have been met and all documents have been received prior to the expiration date of the temporary license;
   (6) the discovery of inaccurate or false information, on the licensure application, may be subject to recall of the temporary license by the board and denial of licensure.

I. An initial nurse practitioner license shall be valid until the last day of the applicant’s birth month after the first anniversary of the initial license. For nurses from compact states, an NM advanced practice license will be issued with the same expiration date as the RN compact license. A letter of authorization will be issued to NPs who have RN multi-state licensure privileges from another nurse licensure compact state. Official verification to practice is located on the board website.

J. If the licensure process is not completed, the application becomes null and void six months after the date of application being received at the board.

K. Authorization to expand scope of practice or who need recertification.

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(1) A letter of authorization will be issued for the CNPs who through additional formal education have expanded their practice into another area of NP practice or who need practice hours to recertify provided all requirements have been met except national certification.
(2) A letter of verification of intent to provide a preceptorship, on official letterhead including the name of the practice preceptor and the name of the prescription preceptor must be submitted to the board of nursing.
(3) Practice must be under the direct supervision of a physician or licensed New Mexico CNP or CNS in the specialty.
(4) Prescribing may be done only under the direct supervision of a licensed CNP or CNS or a physician in compliance with these rules.
(5) A letter of authorization will be issued to the preceptor.
(6) A letter of authorization cannot be transferred, renewed or a duplicate issued.
(7) A letter of authorization will expire on the date specified.
   (a) A letter of authorization shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice in that area. It is the responsibility of the CNP to request that the national certifying organization notify the board of the results of the examination. A letter of authorization may be valid for a period not to exceed two years.
   (b) A letter of authorization shall be valid for six months for those applicants recertifying.
(8) A letter of authorization shall be issued for the prescriptive authority preceptorship. This letter will only be valid for the duration of the preceptorship expansion of scope of practice or recertification required hours of practice.

L. Maintaining licensure as a nurse practitioner.
   (1) National certification: NPs must maintain national certification. A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal. Nurse practitioners licensed by the NM board, after December 2, 1985 are required to be nationally certified in their specialty.
   (2) Continuing education.
      (a) The CNP shall accrue a minimum of 50 contact hours of approved CE each renewal period
      (b) National certification or recertification as a CNP may not be used to fulfill any portion of the CE requirement.
      (c) All CEs shall be in accordance with the requirements set forth in 16.12.2.11 and 16.12.2.13 NMAC.
      (d) For renewal periods that are less than two years, CE may be prorated to commensurate with the length of the renewal period. When CE obligations are prorated the CNP must obtain all non-cancer pain management CEs and all pharmacology CEs.
      (e) CNPs with DEA registration at any time during their most recent renewal period shall obtain:
         (i) 30 contact hours for licensure as an RN. CNPs with a compact RN license from another jurisdiction have the same obligation for these 30 contact hours as those holding an RN license from New Mexico;
         (ii) five contact hours related to the CNP’s practice;
         (iii) 10 contact hours in pharmacology related to the CNP’s practice;
         (iv) five contact hours in the management of non-cancer pain.
      (f) CNPs without DEA registration for the entire most recent renewal period shall obtain:
         (i) 30 contact hours for licensure as an RN. CNPs with a compact RN license from another jurisdiction have the same obligation for these 30 contact hours as those holding an RN license from New Mexico.
         (ii) 10 contact hours related to the CNP’s practice;
         (iii) 10 contact hours in pharmacology related to the CNP’s practice.

M. Reactivation. To reactivate or reinstate licensure as a nurse practitioner, the nurse must provide evidence of meeting the CE requirements.
   (1) NPs licensed by the board after December 2, 1985 must also provide evidence of current national certification.
(2) CNPs who are reactivating an advanced practice license which has been lapsed for four
or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge
skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves
an extension.

N. Nurse practitioner practice.
(1) The CNP makes independent decisions regarding the health care needs of the client and
also makes independent decisions in carrying out health care regimens.
(2) The CNP provides primary or acute, or chronic, or long-term, or end of life health care to
meet the health care needs of individuals, families and communities in any health care setting.
(3) The CNP may assume specific functions or perform specific procedures which are
beyond the advanced educational preparation and certification for the CNP provided the knowledge and skills
required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice
of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions
and performing specific procedures, which are beyond the CNP's advanced educational preparation and
certification, the CNP is responsible for obtaining the appropriate knowledge, skills and supervision to ensure he/she
can perform the function/procedure safely and competently and recognize and respond to any complications that
may arise.
(4) The CNP collaborates as necessary with other healthcare providers. Collaboration
includes discussion of diagnosis and cooperation in managing and delivering healthcare.
(5) CNPs who have fulfilled requirements for prescriptive authority may prescribe and
distribute dangerous drugs including controlled substances contained in Schedules II through V of the Controlled
Substances Act within their clinical specialty and practice setting.
(a) Requirements for prescriptive authority: In accordance with applicable state and
federal laws, the CNP who fulfills the following requirements may prescribe and distribute dangerous drugs
including controlled substances included in Schedules II through V of the Controlled Substance Act.
(i) Verifies 400 hours of work experience in which prescribing dangerous
drugs has occurred within the two years immediately preceding the date of the application. Individuals who have
not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing
dangerous drugs in a preceptorship with a licensed CNP, CNS or physician. The preceptorship must be completed
within six months and a letter of authorization will be issued for the duration of the preceptorship.
(ii) In order to prescribe controlled substances, the CNP must provide
the board of nursing with verification of current state controlled substances registration and current DEA number, unless
the CNP has met registration waiver criteria from the New Mexico board of pharmacy as provided under Subsection
1 of 16.19.20.8 NMAC. CNPs may not possess, prescribe or distribute controlled substances until they have both a
current state controlled substances registration and a current DEA registration.
(iii) Once prescriptive authority requirements are met, the board will notify
the board of pharmacy of completion of prescriptive authority requirements.
(b) Formulary. It is the CNP's responsibility to maintain a formulary of dangerous
drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those
relevant to the CNP's specialty and practice setting. The board of nursing reserves the right to audit the formulary
of the CNP. Licensees may be subject to disciplinary action by the board of nursing if non-compliant with the audit.
(c) Prescription records; written, verbal or electronic prescriptions and orders will
comply with state board of pharmacy and federal requirements. All prescriptions will include the name, title,
address, and phone number of the prescribing advanced practice registered nurse.
(d) Distributing: CNPs, who have fulfilled requirements for prescriptive authority as
stated in these rules, and defined by the board of pharmacy may distribute to their patients dangerous drugs
including controlled substances contained in Schedules II through V of the Controlled Substances Act, which have
been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a
pharmaceutical manufacturer in accordance with the Pharmacy Act Section 61-11-12 NMSA 1978 and the Drug,
Device and Cosmetic Act for the benefit of the public good.
(e) Labeling: CNPs may label only those drugs which the CNP prescribes and
distributes to patients under the CNP's care. The medication shall be properly labeled with the patient's name, date
of issue, drug name and strength, instructions for use, drug expiration date, number dispensed and name, address and
telephone number of the CNP. Labeling may be hand written or a pre-printed fill-in label may be used. All
information shall be properly documented in the patient record.

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(f) CNPs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

(g) CNPs may prescribe, provide samples of and dispense any dangerous drug to a patient where there is a valid practitioner-patient relationship as defined in 16.12.2.7 NMAC.

(6) Graduate nurse practitioner (GNP) practice.
(a) GNPs may not distribute medications.
(b) GNPs may practice or prescribe medications only under the direct supervision of a licensed CNP, CNS or physician in the specialty.

(7) To insure competency and safe practice in specific regard to prescription writing practices in the state of NM:
(a) a list of current CNPs and their status with regard to prescription writing shall be distributed at least annually and upon request to the board of pharmacy;
(b) violation of these rules or disciplinary action taken by the board of nursing with regard to controlled substances shall be reported to the board of pharmacy;
(c) the board of nursing shall appoint qualified CNPs in each specialty to serve on the board of pharmacy disciplinary panel as requested by the board of pharmacy.

O. Supervision of psychologists in the prescribing of psychotropic medication by a certified nurse practitioner, pursuant to Section 61-3-23.5 NMSA 1978 and the Professional Psychologist Act (Section 61-9-1 et. seq. NMSA 1978).

(1) A CNP may provide supervision to a psychologist in the prescribing of psychotropic medication provided the CNP:
(a) holds a valid, unencumbered NM license as a CNP;
(b) holds a national certification as a psychiatric-mental health nurse practitioner.

An individual who holds a certification as a CNP conferred by a national nursing certification organization that is not an approved certification listed above may petition the board and request approval of the certification. The board shall review the petition and determine whether the certification and the petitioner’s clinical practice experience sufficiently substantiate adequate education, didactic and clinical preparedness, and other factors that establish competency. The decision of the board is discretionary and shall not be subject to review or binding on any future petition.

(c) has a minimum of two years of experience prescribing as a psychiatric-mental health nurse practitioner
(d) is not currently participating in any board of nursing’s alternative to discipline program, diversion program;
(e) is able to meet all requirements to serve as an independently licensed prescribing clinician as laid out in the Professional Psychologist Act (Section 61-9 NMSA 1978) and 16.22 NMAC; and
(f) performing the supervision is within the scope of practice of the CNP.

(2) Reporting obligations to the New Mexico board of nursing by a CNP providing supervision to a psychologist in the prescribing of psychotropic medication:
(a) within 15 days of entering into the supervising relationship with each psychologist being supervised. The notification shall consist of:
(i) the name and license number of the psychologist
(ii) the date of entry into the supervising relationship
(iii) the anticipated end of the supervising relationship
(b) within 15 days of severing the supervisory relationship with a psychologist. The notification shall consist of:
(i) the name and license number of the psychologist
(ii) the date of the end of the supervising relationship

(3) A CNP who provides supervision to a psychologist in the prescribing of psychotropic medication must follow the Professional Psychologist Act (Section 61-9 NMSA 1978) and rules promulgated by the New Mexico board of psychologist examiners.


16.12.2.15 ADVANCED PRACTICE REGISTERED NURSE (APRN) CLINICAL NURSE SPECIALIST (CNS):
A. Requirements for licensure as a CNS:

16.12.2 NMAC
hold a current, unencumbered RN license from New Mexico or hold a compact multi-
state RN license;
(2) successfully complete a clinical nurse specialist program at the master's or doctoral level
in a defined clinical nursing specialty through an accredited institution of higher education; and
(3) provide evidence of successful accomplishment of certification by a national nursing
organization, consistent with the defined clinical nursing specialty, which meets criteria as listed below:
(a) successfully complete a national certifying examination in the applicant's area
of specialty;
(b) is certified by a national nursing organization;
(4) it is the responsibility of the applicant to provide documented evidence of his/her
qualifications for licensure;
(5) any CNS requesting prescriptive authority must also comply with the regulations for
prescriptive authority as outlined in these rules.
B. Procedure for licensure as a graduate CNS: applicant seeking licensure as a CNS shall be
responsible for providing proof of meeting the requirements for licensure.
(1) The applicant shall complete the New Mexico CNS application and submit it along with
all requested documents in accordance with the instructions.
(2) Upon acceptance of the completed application and receipt of all required supporting
documents, the file is reviewed for qualifications and compliance with the requirements.
(3) Applicants who do not meet the requirements for licensure may request or be requested to
meet with the board or their designee.
(4) CNSs are not eligible to practice in New Mexico as a CNS until so licensed by the New
Mexico board in accordance with licensure procedures.
(5) The board may appoint CNSs to the advanced practice committee. These CNSs will
provide advice regarding the licensure and practice of the CNS.
C. Graduate clinical nurse specialist (GCNS) permit to practice.
(1) GCNS permits may be issued upon written request, provided all requirements have been
met except certification by a national nursing organization.
(a) GCNSs practice under the direct supervision of another CNS, CNP or physician
in the specialty.
(b) GCNSs may prescribe medications only under the direct supervision of a
licensed CNS, CNP or physician in compliance with these rules.
(c) GCNS permits will be issued to the employer.
(d) A letter of verification of intent to employ, on official letterhead including the
name of the practice supervisor and the name of the prescription supervisor is required from each employer. Upon
change in employment, the new employer must send the board a letter of intent to employ. The board will then issue
a permit to practice at the new place of employment. The permit will be issued directly to the new employing
agency.
(e) The name of the employment institution and the name(s) of the supervisor(s)
shall be indicated on the GCNS permit.
(f) GCNS permits cannot be transferred or renewed.
(g) GCNS permits expire on the date specified on the permit. Permits shall be valid
not to exceed six months after the date of the national certifying examination. Those who fail the national certifying
examination are rendered ineligible to practice as a GCNS. It is the responsibility of the GCNS to request that the
national certifying organization notify the board of the results of the examination.
(2) An initial license to practice as a CNS shall be issued only after receipt by the board of
proof of certification by a national nursing organization. Such proof must be submitted to the board directly from the
certifying agency prior to the expiration of the permit or temporary license.
D. Prerequisites for licensure of CNS by endorsement.
(1) Verification directly from the licensing authority which shall include graduation from a
clinical nurse specialist program in a defined clinical nursing specialty.
(2) In lieu of verification of advanced practice licensure from the licensing authority, the
board will accept:
(a) documentation directly from the licensing authority that the state does not issue
advanced practice licensure; and
(b) a sworn affidavit from applicant that they practice as an advance practice nurse with year practice began.

(3) Verification by applicant of national certification in a clinical specialty area.

(4) Clinical nurse specialist must comply with requirements for prescriptive authority as outlined in these rules.

(5) Complete and submit the required application for licensure by endorsement in accordance with all instructions including the required fee.

(6) Continuing education is not required for initial CNS licensure by endorsement.

E. Qualifications for licensure as a CNS are pursuant to the Nursing Practice Act.

(1) Refer to Subsection A of 16.12.2.15 NMAC for licensure requirements.

(2) Disciplinary action taken or pending against a nursing license in another jurisdiction, or a conviction of a felony, may result in denial of a license.

F. A CNS temporary license may be issued to an endorsee awaiting results on successful completion of national certification.

G. A temporary clinical nurse specialist license may be issued to an endorsee who:

(1) submits a completed endorsement application in accordance with all instructions and fee;

(2) submits a copy of current national certification in a nursing specialty; when the state of former advanced practice licensure does not require national certification; national certification in a nursing specialty must be submitted to the board before a license will be issued;

(3) the board will mail the temporary license to the applicant;

(4) a temporary license is valid for a period not to exceed six months from the date of application, is non-renewable and becomes null and void upon issuance of a current license, expiration, or withdrawal by board action;

(5) applicant is responsible for assuring that all requirements have been met and all documents have been received prior to the expiration date of the temporary license;

(6) the discovery of inaccurate or false information, on the licensure application, may be subject to recall of the temporary license by the board and denial of licensure.

H. An initial clinical nurse specialist license shall be valid until the last day of the applicant’s birth month after the first anniversary of the initial license. For nurses from compact states, a New Mexico advanced practice license will be issued with the same expiration date as the compact license. A letter of authorization will be issued to CNSs who have RN multi-state licensure privilege from another nurse licensure compact state. Official verification to practice is located on the board website.

I. If the licensure process is not completed, the application becomes null and void one year after the date of application being received at the board.

J. Authorization to expand scope of practice or who need recertification.

(1) A letter of authorization will be issued for the CNSs who through additional formal education have expanded their practice into another area of CNS practice or who need practice hours to recertify provided all requirements have been met except national certification.

(2) A letter of verification of intent to provide a preceptorship, on official letterhead including the name of the practice preceptor and the name of the prescription preceptor must be submitted to the board of nursing.

(3) Practice must be under the direct supervision of a New Mexico CNS or CNP or physician in the specialty.

(4) Prescribing may be done only under the direct supervision of a licensed CNP or CNS or a physician in compliance with these rules.

(5) A letter of authorization will be issued to the preceptor.

(6) A letter of authorization cannot be transferred, renewed or a duplicate issued.

(7) A letter of authorization will expire on the date specified.

(a) A letter of authorization shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice in that area. It is the responsibility of the CNS to request that the national certifying organization notify the board of the results of the examination. A letter of authorization may be valid for a period not to exceed two years.

(b) A letter of authorization will be valid for six months for those applicants recertifying.
A letter of authorization shall be issued for the prescriptive authority preceptorship. This letter will only be valid for the duration of the preceptorship for expansion of scope of practice or recertification required hours of practice.

K. Maintaining licensure as a clinical nurse specialist.

(1) The CNS shall be nationally certified in the specialty by a nursing organization and maintain national certification. A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal.

(2) Continuing education.

(a) The CNS shall accrue a minimum of 50 contact hours of approved CE each two year renewal period.

(b) National Certification or recertification as a CNS may not be used to fulfill any portion of the CE requirement.

(c) All CEs shall be in accordance with the requirements set forth in 16.12.2.11 and 16.12.2.15 NMAC.

(d) For renewal periods that are less than two years, CE may be prorated to commensurate with the length of the renewal period. When CE obligations are prorated the CNP must obtain all non-cancer pain management CEs and all pharmacology CEs.

(e) CNSs with DEA registration at any time during their most recent renewal period shall obtain:

(i) 30 contact hours for licensure as an RN. CNSs with a compact RN license from another jurisdiction have the same obligation for these 30 contact hours as those holding an RN license from New Mexico;

(ii) five contact hours related to the CNS’s practice;

(iii) 10 contact hours in pharmacology related to the CNS’s practice;

(iv) five contact hours in the management of non-cancer pain.

(f) CNSs without DEA registration for the entire most recent renewal period shall obtain:

(i) 30 contact hours for licensure as an RN. CNSs with a compact RN license from another jurisdiction have the same obligation for these 30 contact hours as those holding an RN license from New Mexico;

(ii) 10 contact hours related to the CNS’s practice;

(iii) 10 contact hours in pharmacology related to the CNS’s practice.

(3) Reactivation.

(a) To reactivate or reinstate licensure as a CNS, the nurse must provide evidence of meeting the CE requirements: evidence of current national certification must also be provided.

(b) CNSs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge, skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

L. Clinical nurse specialist practice.

(1) The CNS is a nurse who through graduate level preparation has become an expert in a defined area of knowledge and practice in a selected clinical area of nursing.

(2) The CNS makes independent decisions in a specialized area of nursing practice, using knowledge about the health care needs of the individual, family and community. The CNS collaborates as necessary with other members of the health care team, when the needs are beyond the scope of practice of the CNS.

(3) The CNS may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CNS provided the knowledge and skills required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions or performing specific procedures, which are beyond the CNS’s advanced educational preparation and certification, the CNS is responsible for obtaining the appropriate knowledge, skills and supervision to assure he/she can perform the function/procedure safely and competently and recognize and respond to any complications that may arise.

(4) Carries out therapeutic regimens in the area of the specialty.

(5) The CNS who has fulfilled the requirements for prescriptive authority in the specialty area may prescribe and distribute therapeutic measures including dangerous drugs and controlled substances.
contained in Schedules II through V of the Controlled Substance Act within the scope of the specialty practice and setting.

(a) Requirements for prescriptive authority: In accordance with applicable state and federal laws, the CNS who fulfills the following requirements may prescribe and distribute dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act:

(i) verifies 400 hours of work experience in which prescribing dangerous drugs has occurred within the two years immediately preceding the date of application and provide a copy of a transcript documenting successful completion of the a three credit hour pharmacology course, a three credit hour assessment course and a three credit hour pathophysiology course included as part of a graduate level advanced practice nursing education program; 45 contact hours of advanced level pharmacology continuing education course may be substituted for the academic pharmacology; a certificate of completion must be provided that verifies continuing education; or

(ii) if 400 hours of work experience in which prescribing dangerous drugs cannot be verified, provide a copy of a transcript documenting successful completion of a three credit hour pharmacology course that is included as part of a graduate level advanced practice nursing education program within five years immediately prior to the date of application to the board; 45 contact hours of advanced level pharmacology continuing education course may be substituted for the academic pharmacology; a certificate of completion must be provided that verifies continuing education; the course must be related to the specialty and contain content in pharmacokinetics, pharmacodynamics, pharmacology of current/commonly used medications and application of drug therapy to the treatment of disease or the promotion of health; and

(iii) provide a copy of a transcript documenting successful completion of a three credit hour assessment course that is included as part of a graduate level advanced practice nursing education program; the course must be related to the specialty and include content supported by related clinical experience such that students gain knowledge and skills needed to perform comprehensive assessments to acquire date, make diagnoses of health status and formulate effective clinical management plans; and

(iv) provide a copy of a transcript documenting successful completion of a three credit hour pathophysiology course that is included as part of a graduate level advanced practice nursing education program; the course must be related to the specialty and include content in physiology and pathophysiology;

(v) provide a copy of a transcript documenting successful completion of a 400 hour university/college associated preceptor experience in the prescription of dangerous drugs within the two years immediately prior to the date of application to the board; or

(vi) after fulfilling ii, iii, and iv above, upon application to the board, a letter of authorization for a prescriptive authority preceptorship will be issued to complete a preceptorship, which must be completed within six months;

(vii) in order to prescribe controlled substances, the CNS must provide the board of nursing with verification of current state controlled substances registration and current DEA number, unless the CNS with prescriptive authority has met registration waiver criteria from the New Mexico board of pharmacy; CNSs may not possess, prescribe or distribute controlled substances until they have both a current state controlled substances registration and a current DEA registration;

(viii) once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements.

(b) Formulary. It is the CNS’s responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed. The only drugs to be included in the formulary are those relevant to the CNS’s area of specialty practice, scope of practice and clinical setting. The board of nursing reserves the right to audit the formulary. Licensees may be subject to disciplinary action by the board of nursing if non-compliant with the audit.

(c) Prescription records: written, verbal or electronic prescriptions and orders will comply with state board of pharmacy and federal requirements. All prescriptions will include the name, title, address and phone number of the prescribing advanced practice registered nurse.

(d) Distributing: CNSs who have fulfilled requirements for prescriptive authority as stated in these rules, may distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substance Act, which have been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act and the Drug, Device and Cosmetic Act for the benefit of the public good.
(e) Labeling: CNSs may label only those drugs which the CNS prescribes and distributes to patients under the CNS's care. The medication shall be properly labeled with the patient's name, date of issue, drug name and strength, instructions for use, drug expiration date, telephone number of the CNS. Labeling may be handwritten or a pre-printed fill-in label may be used. All information shall be properly documented in the patient record.

(f) CNSs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

(6) Graduate clinical nurse specialist (GCNS) practice.
   (a) GCNSs may not distribute medications.
   (b) GCNSs may practice or prescribe medications only under the direct supervision of a licensed CNS, CNP or physician in the specialty.

(7) To insure competency and safe practice in specific regard to prescription writing practices in the state of NM:
   (a) a list of current CNSs and their status with regard to prescription writing shall be distributed upon request to the board of pharmacy;
   (b) violation of these rules or disciplinary action taken by the board of nursing with regard to controlled substances shall be reported to the board of pharmacy;
   (c) the board of nursing shall appoint qualified CNSs in each specialty to serve on the board of pharmacy disciplinary panel as requested by the board of pharmacy.

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M. Supervision of psychologists in the prescribing of psychotropic medication by a clinical nurse specialist, pursuant to Section 61-3-23.5 NMSA 1978 and the Professional Psychologist Act (Section 61-9-1 et. seq. NMSA 1978).

(1) A CNS may provide supervision to a psychologist in the prescribing of psychotropic medication provided the CNS:
   (a) holds a valid, unencumbered NM license as a CNS;
   (b) holds a national certification as a psychiatric-mental health clinical nurse specialist. An individual who holds a certification as a CNS conferred by a national nursing certification organization that is not an approved certification listed above may petition the board and request approval of the certification. The board shall review the petition and determine whether the certification and the petitioner's clinical practice experience sufficiently substantiate adequate education, didactic and clinical preparedness, and other factors that establish competency. The decision of the board is discretionary and shall not be subject to review or binding on any future petition.
   (c) has a minimum of two years of experience prescribing as a psychiatric-mental health clinical nurse specialist,
   (d) is not currently participating in any board of nursing’s alternative to discipline program, diversion program;
   (e) is able to meet all requirements to serve as an independently licensed prescribing clinician as laid out in the Professional Psychologist Act (Section 61-9 NMSA 1978) and 16.22 NMAC; and
   (f) performing the supervision is within the scope of practice of the CNS.

(2) Reporting obligations to the New Mexico board of nursing by a CNS providing supervision to a psychologist in the prescribing of psychotropic medication:
   (a) within 15 days of entering into the supervising relationship with each psychologist being supervised. The notification shall consist of:
   (i) the name and license number of the psychologist
   (ii) the date of entry into the supervising relationship
   (iii) the anticipated end of the supervising relationship
   (b) within 15 days of severing the supervisory relationship with a psychologist. The notification shall consist of:
   (i) the name and license number of the psychologist
   (ii) the date of the end of the supervising relationship

(3) A CNS who provides supervision to a psychologist in the prescribing of psychotropic medication must follow the Professional Psychologist Act (Section 61-9 NMSA 1978) and rules promulgated by the New Mexico board of psychologist examiners.

The board may appoint a minimum of a six member advisory committee to assist the board in regulating the advanced practice of nursing.

The committee shall assist and advise the board in the review of issues related to the advanced practice of nursing.

The committee shall be composed of representatives from each advanced practice area regulated by the board.