



CERTIFICATE TO PRESCRIBE EXTERNSHIP (CTP-E)(1500 HOURS) APPLICATION INSTRUCTIONS

Complete this application if any of the following apply:

You do not hold prescriptive authority in any other state/jurisdiction

OR

Your Ohio CTP has been lapsed/inactive for over three years

OR

**You hold/held prescriptive authority in another other state/jurisdiction
for less than a continuous year within the past three years**

Eligibility for a CTP-E requires the possession of a current, valid Ohio RN license and a Certificate of Authority (COA) to practice as a Certified Nurse-Midwife (CNM), Certified Nurse Practitioner (CNP) or Clinical Nurse Specialist (CNS).

Steps to obtain an Ohio CTP-E:

1. Completed CTP-E application.

Please complete in ink or typed print. Please print legibly. If any part of this application is incomplete, the application may be returned.

2. Non-refundable Application Fee

A **\$50 non-refundable fee** payable to "Treasurer, State of Ohio" must accompany this application. Send a certified check, cashier's check or money order. Personal checks or cash will not be accepted. Business checks from government entities, corporations, and education or training programs will be accepted. Payments must be drawn on a United States (U.S.) bank payable in U.S. dollars. Please do not staple your payment to the application. If the submitted fee does not meet the requirements, the entire application will be returned to you.

3. Documentation of advanced pharmacology completed within the past 3 years.

If the advanced pharmacology course is over 3 years old when the CTP-E application is received, another 45 contact hour advanced pharmacology course must be taken. Submit documentation of your advanced pharmacology education **with** your CTP-E application in the form of a photocopy of a school transcript, certificate or grade report. For information on content required, see breakdown below.

Advanced Pharmacology Course of Study Hour Breakdown

- a. At least thirty-six (36) contact hours must be obtained from a single provider in pharmacokinetic principles, clinical application, and principles of the use of drugs and therapeutic devices in the prevention of illness and maintenance of health.
- b. A combined six (6) hours of instruction in the fiscal and ethical implications of prescribing drugs and therapeutic devices; and the ***state** and federal laws that apply to the authority to prescribe.
- c. Six (6) contact hours of instruction that is specific to schedule II controlled substances (schedule IIs), including instruction in indications and contraindications for the use of schedule IIs in drug therapies, the most recent guidelines and recommendations for pain management therapies and education, and stimulant therapies, fiscal and ethical implications of prescribing schedule IIs, ***state** and federal laws that apply to the authority to prescribe schedule IIs, prevention of abuse and diversion of schedule IIs. **Up to three (3) of these hours may also be credited towards satisfying the six (6) hours of instruction in b. above.**

*Pharmacology content specific to Ohio law



FAQs

Can I submit the COA and CTP-E applications together?

Yes, however, you are not eligible for a CTP-E until your COA has been issued. You cannot combine the fees when you send in multiple applications. Each application requires a separate payment.

Can I submit the CTP-E application before I have my collaborating Physician/Podiatrist information?

Yes, the CTP-E application can be submitted without the collaborating physician/podiatrist information. However, the CTP-E cannot be issued until you send (by email, fax or letter) this information to the Board. Applications are maintained on file for one year.

How do I know you received my application?

Please go to the Board's website at www.nursing.ohio.gov, click on "verification" and enter your name. Once your name appears, it will display as "pending" until a CTP-E is issued. If any part of this application is incomplete, the application may be returned. If the application remains incomplete for one year, the application will be considered void and the fee will be forfeited.

When can I start prescribing?

You may not prescribe until your CTP-E is issued. The CTP-E must have a five-digit number, an expiration date and a status of "active" on the Board's verification system before you may prescribe.

How do I renew my CTP-E?

The CTP-E is issued for one year. An externship cannot be renewed, but it can be extended. A request for an extension may be made by email, fax, or letter before the CTP-E expires. There is no fee and the CTP-E will be extended two additional years.

What if my CTP-E expires? Am I able to prescribe?

Prescribing when the CTP-E is expired is a felony, and you may be subject to Board discipline.

How do I complete my externship and receive my CTP?

After the 1500 hours have been completed, Form B must be submitted by the collaborating physician's/podiatrist's office directly to the Board by email, fax, or letter in order to receive your CTP.

What is the purpose of the externship?

"Externship" means the practice relationship, consistent with the standard care arrangement, between a nurse who holds a current, valid externship certificate to prescribe and one or more licensed physicians during which time the nurse's prescribing activities are reviewed and evaluated by a supervising professional for the purpose of ongoing improvement of the nurse's competence, knowledge, and skill in pharmacokinetic principles and the application of these principles to the nurse's area of practice. The standard care arrangement entered into between the collaborating physician and the nurse shall specify the frequency of the review needed for appropriate oversight.

How many hours do I need to obtain?

You must complete a total of 1500 hours. A minimum of 500 hours must be under direct supervision, and the remaining 1000 hours may be indirect. The direct and indirect hours do not have to be completed in any certain order.

What does direct supervision mean?

Direct supervision means the supervising professional is available on site. At the discretion of the collaborating physician, a nurse with prescriptive authority may provide up to 200 hours of direct supervision, provided the nurse is a current prescribing COA holder with a CTP (not a CTP-E).

What does indirect supervision mean?

Indirect supervision means the timely review by a physician of prescriptions written by and prescribing practices of a nurse holding a CTP-E.

When can I apply for my DEA number?

You can apply for a DEA number(s) once you receive your CTP-E. Notify us (by email, fax or letter) of your DEA number when it is issued and when additions or deletions occur. Please note that the Board does not issue DEA numbers. For information on obtaining a DEA number, access the DEA website at <http://www.deadiversion.usdoj.gov>. If you are authorized to use a hospital's DEA number, please be sure to provide the entire DEA number, including your uniquely assigned 3 or 4-digit suffix (example: BH1234567-0123).

Do I need to register with OARRS?

CTP holders who hold appropriate DEA certification and prescribe opioid analgesics or benzodiazepines are required to be registered with OARRS. To register for OARRS, go to <http://www.ohiopmp.gov>.



CERTIFICATE TO PRESCRIBE EXTERNSHIP (CTP-E) APPLICATION (1500 HOURS)

Mail application and fee to address above, attention: APRN Unit

\$50 fee made payable to "Treasurer, State of Ohio" submitted in the form of a:

- Payment options: Certified Check, Cashier's Check, Money Order, Business check from government entity/corporation/education/training program. Note: Personal checks are not accepted by the Board.

Ohio COA# (may leave blank if COA has not been issued yet)

Full Legal Name (Last, First, Middle, Maiden)

Social Security Number*

Address City

State Zip County

Telephone# Email

MILITARY (check if applicable)

- Military status options: I am a member or former member of the armed forces... I am the spouse of a member or former member of the armed forces...

OHIO COLLABORATING PHYSICIAN/PODIATRIST PRACTICE INFORMATION

(Note: The CTP-E application may be submitted before you have this information, but the CTP-E cannot be issued until this information is received)

Attach a separate sheet if needed.

Name (first and last)

Business Address (include city, state and zip code)

Name (first and last)

Business Address (include city, state and zip code)

*Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 100-93, Sec. 1921 of the Social Security Act, as amended; 45 C.F.R. pt. 60); reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.

ADVANCED PHARMACOLOGY (enclose photocopy of school transcript, certificate or grade report with CTP-E application)

Course Provider _____

Completion date _____

Course Provider _____

Completion date _____

COMPLIANCE (Application will be returned if any question is left unanswered)

Please circle "Yes" or "No" to each question. Your application **is not** complete until the Board has received **ALL** required documents.

CAUTION: False, and/or misleading information provided by an applicant may result in the denial/permanent denial of a nursing license/certificate.

For questions 1a and 1b have you EVER been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes? This includes crimes that have been expunged IF there is a direct and substantial relationship to nursing practice.		
1a	A felony in Ohio, another state, commonwealth, territory, province or country? <i>If you answer "Yes", enter the court and case number.</i> Court Name: _____ Case#: _____	Yes No
1b	A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? This does not include traffic violations unless they are DUI/OVI or Physical Control While Under the Influence. <i>If you answer "Yes", enter the court and case number.</i> Court Name: _____ Case#: _____	Yes No
2.	Has any board, bureau, department, agency or other body, including those in Ohio, other than this Board, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation, or imposed a fine, censure or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?	Yes No
3.	Have you ever, for any reason, been denied an application, issuance or renewal for licensure, certification, registration, or the privilege of taking an examination, in any state (including Ohio), commonwealth, territory, province, or country?	Yes No
4.	Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action, with any other board, bureau, department, agency, or other body, including those in Ohio, other than this Board?	Yes No
5.	Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio, other than this Board, with respect to a professional license, certificate, or registration?	Yes No
6.	Are you required to register, under Ohio Law, the law of another state, the U.S., or a foreign country, as a sex offender?	Yes No

If you answer, "Yes" to any of the questions 1-6, you are required to provide the Board with a written explanation of the events including the date, county, and state in which the events occurred and a certified copy of documents from the court or acting body. Your application is not complete until you have submitted these documents.

Last Name

First Name

Middle

Print clearly, your full legal name as it appears on the first page of the application)

Certificate to Prescribe Externship Attestation

I am the person in this application for Certificate to Prescribe Externship and the statements made herein are true.

I am aware that misrepresentation on this application may result in disciplinary action in accordance with Section 4723.28 of the Revised Code. I attest that the information provided on this application is true.

I hereby request that in order to process my application, act upon renewal requests, and respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with OAC 4723-1-11 (b)(2)(d)(ii).

Printed Legal Name of Applicant

Application will be returned if name is not printed)

Legal Signature of Applicant

Application will be returned if name is not signed)

THIS SIDE BOARD USE ONLY

Active RN

Active COA

Collaborator information(name, business address)

Pharmacology

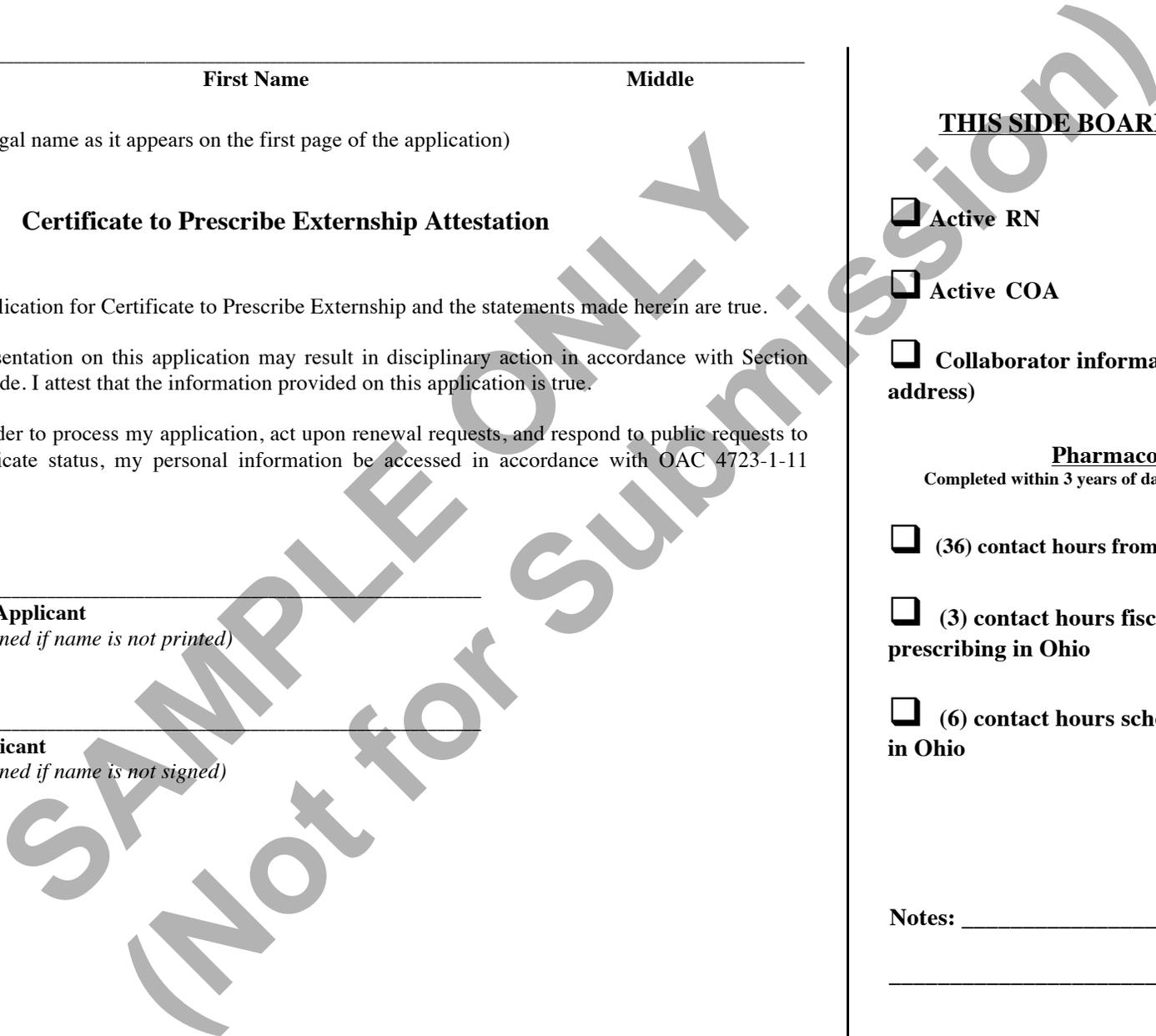
Completed within 3 years of date application received

(36) contact hours from a single provider

(3) contact hours fiscal/legal/ethical prescribing in Ohio

(6) contact hours schedule II prescribing in Ohio

Notes: _____





Form B

(Application for CTP after Completion of 1500 Externship Hours)

- After completing the 1500 hours, the collaborating physician or podiatrist's office must send Form B directly to the Board via email (aprn@nursing.ohio.gov), fax (614-466-0388 Attn: APRN), or mail (see address above, ATTN: APRN) The Board will not accept this form from the applicant.
• At least 500 hours must be direct supervision. The remaining 1000 may be indirect.
• Each collaborating physician/podiatrist may complete a form, or it may be completed by one physician/podiatrist within a group/practice.
• No fee is required when submitting this form

CTP APPLICANT:

Full Legal Name (Last) (First) (Middle) (Maiden)
CTP-E# Email
Signature Date

PHYSICIAN/PODIATRIST COLLABORATOR:

I certify that the above named individual has completed direct and/or indirect prescribing hours within the following dates of their externship.

PRESCRIBING START DATE (month/year)

PRESCRIBING END DATE (month/year)

DIRECT HOURS INDIRECT HOURS

Printed Name Signature

Ohio Medical License # Business Address

CTP COLLABORATOR:

I certify that the above named individual completed direct prescribing hours within the dates of their externship. (Up to 200 direct)

DIRECT HOURS Ohio CTP #

Printed Name Signature