

Advanced Registered Nurse Practitioner (ARNP) Supervised Clinical Practice Plan

These instructions are for the Advanced Registered Nurse Practitioner who apply for licensure one year past graduation and have not yet practiced in another U.S. state. A total of 125 supervised practice hours for every year past graduation is required, not to exceed 1,000 hours.

1. You must submit a written notification with preceptor agreement to the nursing commission thirty days prior to the supervision experience.
 - a. The agreement will include the name and license number of the ARNP or physician who will be supervising you. Their practice must be in the same practice area as your license or education. You must also include the number of hours to be completed, meeting the requirements of your licensure. (Please use ARNP/Physician agreement form provided by the Nursing Commission attached to this packet.)
2. Once you have applied for your license and have a supervisor agreement in place, the nursing commission shall issue an ARNP interim permit in which you will use to complete your supervised clinical practice. You may use the title of Interim Advanced Registered Nurse Practitioner.
3. At the end of the supervision period, the supervisor will submit a written evaluation to the commission. (Evaluation must be on company letterhead; see example letter.) More than one supervisor is acceptable as long as successful evaluations are completed by each supervisor.

For further detail of the rules regarding supervised practice, please see the following website: www.leg.wa.gov/legislature. The Advance Practice rules are under WAC Chapter [246-840-340](#).



Supervised Practice Notification

I, _____ am notifying the
Applicant's Name

Nursing Care Quality Assurance Commission that I will be obtaining supervised clinical practice to meet my licensure requirements. I have included the ARNP/Physician(s) supervising agreement listing their name(s) and credential information. My circumstances for licensure are as follows:

- I have an expired or inactive ARNP license in Washington State, but have been out of practice for _____ years.
- I am a new graduate but it has been a year or more since I graduated and need to complete 125 supervised practice hours for each year since graduation.
- Other: (Please explain)

I understand that I must first obtain an ARNP interim permit with the commission before beginning any supervised clinical practice. If I owe less than 1,000 hours I understand I must complete my supervised clinical practice before another one year cycle is past or I will owe another 125 hours.

Based on the information above, I will complete _____ hours of supervised practice by _____.
Date

Applicant's Signature Date



ARNP/Physician Supervising Agreement

Effective _____, _____, _____
Date Supervisor's Name/Title License Number

agrees to supervise _____, _____
Applicant's Name License Number

in the role of Advanced Registered Nurse Practitioner at _____.
Name of Facility

The duration of the supervision will be _____ hours consistent with the applicant's license requirement.

The supervisor will provide supervised learning and implementation consistent with the applicant's scope of practice. At the end of the supervised period, the supervisor shall provide a written evaluation of the applicant on company letterhead. The evaluation will verify whether or not the applicant has successfully completed the required hours. If the supervision period was successful, the letter must state the applicant's knowledge and skills are at a safe and appropriate level to practice as an ARNP.

Supervisor's Signature Date

Applicant's Signature Date



Example Letter

Supervised Practice Evaluation

I, _____, have completed supervising
Supervisor's Name

_____, for _____ hours of ARNP
Applicant's Name

supervised practice within his/her area of practice. I further verify the applicant has successfully completed the required hours of supervised clinical practice and the applicant's knowledge and skills are at a safe and appropriate level to practice as an ARNP.

Supervisor's Signature

Date

Applicant's Signature

Date

(**Note:** Evaluation must be on company letterhead.)