



Advanced Registered Nurse Practitioner with an Active Registered Nurse Multistate License in Another State Application

Please Note: If you have an active RN multistate license in another state and will not be applying for a Washington state RN license, you will be unable to apply online and must mail this in to the address below.

Licensure requirements

There may be additional documents you need to submit with your application. [Read through the requirements](#) to see what applies to your situation prior to submitting your application.

Important social security number information

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number, please read, complete, and return this [form](#) with your application.

This disclosure is mandatory, based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], and will be used under the State's child support enforcement program to locate individuals for the purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted for a social security number.

Mail your application and supporting documents

Mail your application with your check or money order payable to:

Dept of Health
PO Box 1099
Olympia, WA 98507-1099

Send supporting documents not mailed with your application to:

WA State Board of Nursing
111 Israel Road SE
Mail Stop 47864
Olympia, WA 98504

Contact us

Phone: 360-236-4703

E-mail:

NurseLicensing@doh.wa.gov

RCW/WAC links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Nursing Laws, RCW 18.79](#)

[Nursing Rules, WAC 246-840](#)

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Date Stamp Here

Revenue 0258010000

Advanced Registered Nurse Practitioner with an Active RN Multistate Application

If we do not receive all required documentation within 30 days your application may be closed as incomplete resulting in you having to reapply and pay the application fee again.

Check all that apply: ARNP by Examination ARNP by Endorsement/Reciprocity
 Clinical Nurse Specialist Nurse Anesthetist (CRNA) Nurse Midwife (CNM) Nurse Practitioner (NP)

Select if the following applies: Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Male Female Other
Social Security Number (SSN) :
(If you do not have a SSN, see instructions)

Name (First, Middle, Last):

Birth date: E-mail address:

Address:

City: State: Country:

ZIP code: Phone number: County:

Note: The mailing and e-mail addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the Nursing Commission.

Have you ever been known under any other name(s)? Yes No
If yes, list name(s):

Will documents be received in another name? Yes No
If yes, list name(s):

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Review for: FBI NPDB/NURSYS WSP PDQ NOD
 Approved per policy A21.07 delegated decision making for selected license applications
 Forward to CMT Approved by CMT Denied by CMT
 Proceed with licensing process _____
Signature Date

2. Personal Data Questions	Yes	No
<p>1. Do you have a medical condition which impairs or limits your ability to practice your profession with reasonable skill and safety?</p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </p> <p>If you answered yes to question 1, explain:</p> <p>a. How your treatment has reduced or eliminated the limitations caused by your medical condition.</p> <p>b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.</p>		
<p>Note: If you answered “Yes” to question 1, the Nursing Commission will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued. The Nursing Commission may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the Nursing Commission. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the Nursing Commission, your application may be denied.</p>		
<p>2. Do you currently use chemical substance(s) which impair or limit your ability to practice your profession with reasonable skill and safety?</p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </p> <p>“Currently” means within the past two years.</p> <p>“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.</p>		
<p>3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?</p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </p>		
<p>4. Are you currently engaged in the illegal use of controlled substances?</p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </p> <p>“Currently” means within the past two years.</p> <p>“Illegal use of controlled substances” is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.</p>		
<p>Note: If you answer “Yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. If you do not provide the documents, your application is incomplete and will not be considered. To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied. The department does criminal background checks on all applicants.</p>		
<p>5. Have you ever:</p> <p>a. Been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction?</p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </p> <p>b. Been charged with a crime and are currently facing potential prosecution in any state or jurisdiction?</p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </p> <p>c. Been made aware that you are a current suspect or under investigation in any state or jurisdiction that has not yet been completely resolved?</p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </p>		

2. Personal Data Questions (cont.)	Yes	No
6. Are you under current investigation, currently charged, or have you ever been found in any civil, administrative, or criminal proceeding to have:		
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	<input type="checkbox"/>	<input type="checkbox"/>
b. Diverted controlled substances or legend drugs?	<input type="checkbox"/>	<input type="checkbox"/>
c. Violated any drug law?	<input type="checkbox"/>	<input type="checkbox"/>
d. Prescribed controlled substances for yourself?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever:		
a. Been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/>	<input type="checkbox"/>
b. Been charged with or accused of violating any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/>	<input type="checkbox"/>
c. Been made aware that you are under current investigation in any state or jurisdiction for violating any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had any license, certificate, registration, or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?	<input type="checkbox"/>	<input type="checkbox"/>

3. Professional Education			
Name of Nursing School	Location of Nursing School	Graduation Date	Certificate/Degree Granted
			<input type="checkbox"/> MSN <input type="checkbox"/> DNP <input type="checkbox"/> PhD <input type="checkbox"/> Post-Master's Certificate
			<input type="checkbox"/> MSN <input type="checkbox"/> DNP <input type="checkbox"/> PhD <input type="checkbox"/> Post-Master's Certificate

4. National Certification
<input type="checkbox"/> Currently nationally certified as a nurse practitioner or clinical nurse specialist in the area of _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Specialty National certification number </div>
<input type="checkbox"/> Not currently certified but have registered for a board-approved national examination in the area of _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Specialty on _____ Date of Exam </div>

5. Advanced Practice Verification

- I graduated less than 12 months ago and have not yet practiced (this section does not apply)
- I graduated more than one year ago and have not yet practiced or have not completed 250 hours of advance nursing practice within the last two years. I must complete the required supervised practice hours. [Supervisory Agreement](#)

6. Requesting Prescriptive Authority

- I do not want prescriptive authority.
- I am requesting prescriptive authority and I certify I read the 2018 rules that govern the use of opioids for treatment of chronic non-cancer pain. (required for prescriptive authority) Chronic Non-Cancer Pain, [WAC 246-840-460 to 246-840-4990](#).

7. Pharmacology Education for Prescriptive Authority

- I graduated within the last two years and completed an advanced pharmacology course.
- I attached 30 hours of continuing education in pharmacology completed within the last two years. Evidence must show pharmacology hours earned.

8. Fee Attestation

I have read the application instructions on the Nursing Commission's website. I attest to applying for the correct nursing credential type. This includes the correct designation (NP, CNS, CRNA, or CNM) if applying for an ARNP credential. I understand that all application fees related to this application are nonrefundable per **WAC 246-12-340**.

Applicant's Initials

9. Verification of Active RN Multistate License in Another State

- I am applying for a Washington state ARNP license **AND** hold an active RN multistate license in another state.

If yes, which state do you hold an active multistate RN license? _____

What is your active RN multistate license number? _____

10. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the state of
(Print applicant name clearly)

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Nursing Commission may require more information before deciding on my application. The Nursing Commission may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the Nursing Commission of any past, current or future criminal charges or convictions. I will also inform the Nursing Commission of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the Nursing Commission information on my health, including mental health and any substance abuse treatment.

By: _____ Dated _____
(Original signature of applicant) (mm/dd/yyyy)