Individuals who have never experienced the care of a nurse practitioner (NP)—whether they are physicians, reporters, lawmakers, bureaucrats, lobbyists, or new patients—often request clarification of just who NPs are and what they do.

It is the combination of skills of physician and nurse that seems to confuse people. Yet it is that combination of skills that makes an NP unique.

**DEFINITION OF NURSE PRACTITIONER**

The term nurse practitioner has been given a variety of definitions.

- According to a state NP organization, “Nurse practitioners are registered nurses with one to two years of additional education, which prepares them to provide many of the same services doctors provide. Nurse practitioners work with other health care professionals such as nurses, doctors, therapists, and counselors. Nurse practitioners provide health and wellness care to persons of all ages. Nurse practitioners are legally authorized to diagnose, order laboratory work and X-rays, and prescribe medication.”

- According to a national NP organization, “Nurse practitioners are registered nurses who are prepared, through advanced education and clinical training, to provide a wide range of preventive and acute health care services to individuals of all ages.”

- A board of nursing defines an NP as “a registered nurse who has obtained additional advanced specialized education.”

- According to federal law, “Nurse practitioner means a nurse practitioner who performs such services as such individual is legally authorized to perform (in the state in which the individual performs such services) in accordance with state laws and who meets such training, education, and experience required as the Secretary has prescribed in regulations” [42 U.S.C.A. § 1395x(aa)(5)].
In California state law, “nurse practitioner means a registered nurse who possesses additional preparation and skills in physical diagnosis, psych-social assessment and management of health-illness needs in primary health care and who has been prepared in a program conforming to board standards as specified in section 1484” [CA. CODE REGS. tit. 16, § 1480(a)].

For state-by-state definitions of the term nurse practitioner, see Appendix 1-A.

A NURSE PRACTITIONER, BY ANY OTHER NAME . . .

Other designations sometimes given NPs include physician extender, mid-level practitioner, and advanced-practice nurse. For a state-by-state listing of states’ official terms for NPs, see Appendix 1-B.

Physician Extenders

The term physician extender is used by physicians’ associations and publications aimed at the physician market, and usually is used to refer collectively to nurse practitioners, clinical nurse specialists, nurse anesthetists, nurse midwives, and physician assistants (PAs).

Mid-Level Practitioners

The term mid-level practitioner is used by some physician groups, some states, and the federal government in the Code of Federal Regulation sections dealing with Drug Enforcement Administration (DEA) registration. The DEA defines a mid-level practitioner as follows:

The term mid-level practitioner means an individual practitioner other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices to dispense controlled dangerous substances in the course of professional practice. Examples of mid-level practitioners include, but are not limited to health care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants who are authorized to dispense controlled substances by the state in which they practice.

Citation: 21 C.F.R. § 1300.01(28).

Some state laws provide a definition of mid-level practitioner. For example, in Minnesota, “Mid-level practitioner’ means a nurse practitioner, nurse midwife, nurse anesthetist, advanced clinical nurse specialist, or physician assistant” [MINN. STAT. § 144.1501(f)].
Advanced Practice Nurses

Advanced practice nurse is an umbrella term used by some states and some nursing associations to cover, collectively, NPs, clinical nurse specialists (CNSs), nurse midwives, and nurse anesthetists. NPs differ from other advanced practice nurses in that they offer a wider range of services to a wider portion of the population. Other advanced practice nurses compare with NPs in the following ways:

- Nurse anesthetist: Narrow range of services (preoperative assessment, administration of anesthesia, management of postanesthesia recovery) to a narrow base of patients (people having anesthesia)
- Clinical nurse specialist: Medium range of services (consultation, research, education, administration, coordination of care, case management, direct care within definition of registered nurse) to a narrow patient base (people under the care of a medical specialist)
- Certified nurse midwife: Narrow range of services (well-women gynecologic care; management of pregnancy and childbirth; antepartum and postpartum care) to a medium-sized base of patients (childbearing women)
- Nurse practitioner: Wide range of services (evaluation, diagnosis, treatment, education, risk assessment, health promotion, case management, coordination of care, counseling) to a wide base of patients, depending upon area of certification; a family nurse practitioner can have a patient base of any age, gender, or problem

SERVICES PROVIDED BY NPs

NPs may perform any service authorized by a state nurse practice act. Some nurse practice acts are so broad as to allow any service agreed upon by an NP and collaborating physician. Generally, NP services include:

- Obtaining medical histories and performing physical examinations
- Diagnosing and treating health problems
- Ordering and interpreting laboratory tests and X-rays
- Prescribing medications and other treatments
- Providing prenatal care and family planning services
- Providing well-child care and immunizations
- Providing gynecologic examinations and Pap smears
- Providing education about health risks, illness prevention, and health maintenance
- Case management and coordination of care
Typically, an NP has the following duties and responsibilities:

1. Conducts comprehensive medical and social history of individuals, including those who are healthy and those with acute illnesses and chronic diseases.
2. Conducts physical examination of individuals, either comprehensive or problem focused.
3. Orders, performs, and interprets laboratory tests for screening and for diagnosing.
4. Prescribes medications.
5. Performs therapeutic or corrective measures, including urgent care.
6. Refers individuals to appropriate specialist nurses or physicians or other health care providers.
7. Makes independent decisions regarding management and treatment of medical problems identified.
8. Performs various invasive/clinical procedures such as suturing, biopsy of skin lesions, and endometrial biopsy, depending upon education, training, patient needs, and written agreement with physician collaborator.
9. Prescribes and orders appropriate diet and other forms of treatment such as physical therapy.
10. Provides information, instruction, and counseling on health maintenance, health promotion, social problems, illness prevention, illness management, and medication use.
11. Evaluates the effectiveness of instruction and counseling and provides additional instruction and counseling as necessary.
12. Initiates and participates in research studies and projects.
13. Teaches groups of clients about health-related topics.
14. Provides outreach health education services in the community.
15. Serves as preceptor for medical, nursing, NP, or physician assistant (PA) students.
16. Accepts after-hours calls and handles after-hours problems on a rotating schedule.
17. Participates in development of pertinent health education materials.
19. Initiates and maintains follow-up of noncompliant patients.
20. Makes client home visits and provides care in the home as necessary.
21. Makes hospital visits and follows hospital care of established patients.
22. Consults with other health care providers about established clients who have been admitted to hospital, home care, rehabilitation, or nursing homes.
23. Corresponds with insurers, employers, government agencies, and other health care providers about established clients as necessary.
24. Manages care of clients; develops plan of treatment and/or follow-up and monitors progress, determines when referral to another provider is necessary, makes necessary arrangements for further care, determines when hospital admission or emergency room visit is necessary, and determines when illness is resolved.
25. Assesses social/economic factors for each client, and tailors care to those factors
26. Manages care of clients in a way that balances quality and cost
27. Tracks outcome of interventions and alters interventions to achieve optimum results
28. Obtains informed consent from clients as appropriate and necessary
29. Maintains familiarity with community resources and connects clients with appropriate resources
30. Contracts with clients regarding provider responsibilities and client responsibilities
31. Supervises and teaches registered nurses (RNs) and nonlicensed health care workers
32. Participates in community programs and health fairs, school programs, and workplace programs
33. Represents the practice or the profession as an NP before local and state governing bodies, agencies, and private businesses as needed

**PREPARATION AND LICENSE REQUIREMENTS**

All NPs are RNs with education beyond the basic requirements for RN licensure. Many NPs have master's degrees, and some have doctorates. Master's degrees for NPs are required by law in 24 states. Three additional states will require a master's degree as of 2008. NPs without master's degrees have completed a program that meets requirements of state law.

State-required qualifications vary widely. For example, in Alaska, NPs must have completed a one-year academic course, have an RN license, be certified by a national certifying agency, and have 30 hours of continuing education every 2 years. In Pennsylvania, NPs must have an RN license, a master's degree, certification by a national organization, must provide evidence of continuing competence in medical diagnosis and therapeutics, and must have 30 hours of continuing education per year and 45 hours of advanced pharmacology. Federal law defers to state law regarding NP qualifications (42 C.F.R. 440.116).

In 35 states, NPs are required by state law to take and pass a national certification exam. A state requirement that an NP be nationally certified leads to a requirement of master's education because the certifying agencies of adult and pediatric NPs require a master's degree to sit for the certification examination.

**INITIALS**

Among the initials used to designate NPs are CRNP (certified registered nurse practitioner); CANP (certified advanced nurse practitioner); ANP-C (advanced nurse practitioner–certified); CPNP (certified pediatric nurse practitioner); CANP
AREAS OF PRACTICE

NPs may be certified in the following areas:
- Adult primary care
- Family primary care
- Geriatric primary care
- Neonatal care
- Obstetrics and gynecology
- Pediatric primary care
- Acute care
- Primary care of school-aged children
- Family planning
- Emergency health care
- Maternal child health
- Mental health/psychiatric care
- Critical care
- Oncology
- Rehabilitation
- Community health
- Occupational health

Not all categories are recognized in all states.

LEGAL HISTORY OF NPs

Before the emergence of advanced practice nurses, the legal scope of practice of nurses excluded diagnosis and treatment of medical problems. Nurses carried out physicians’ orders. In the mid-1970s, some state nurse practice acts were amended to include “nursing diagnoses” in the scope of nursing practice. A nursing diagnosis “limits the diagnostic process to those diagnoses that represent human responses to actual or potential health problems that are within the legal scope of nursing practice.”

When a physician shortage arose in the 1960s, it became evident that the shortage and the limitations on nurses’ making medical diagnoses were limiting access to health care for people in medically underserved areas. Certain nurses and physicians joined forces to solve the problem. One answer was the NP.

The first NP educational program was a joint effort between Henry K. Silver, a pediatrician, and Loretta C. Ford, a nursing professor, at the University of Colorado.
in 1965. Their project was one of many efforts to deal with a physician shortage. The first NPs began practicing in the late 1960s.

As the concept was envisioned, NPs would make not only nursing diagnoses but also medical diagnoses. Further, they would treat patients with medical therapeutics, ordering pharmacotherapeutics and other treatments. It became necessary to broaden the legal scope of nursing practice.

As soon as NPs began to emerge from the training programs, a body of law emerged governing NP licensure and scope of practice. Idaho was the first state to revise its regulations to allow diagnosis and treatment by nurses.

By the mid-1970s, state legislators began to consider proposed laws regarding prescriptive authority for NPs. In some states, the prescriptive authority was granted through the regulatory process; in others, it was granted through the legislative process. By 2006, NPs had achieved some degree of prescriptive privileges in all states and the District of Columbia. The main legal goal of NPs for 30 years was achieved. The next legal hurdle became evident with the enrollment of a large percentage of the population into managed-care plans. NPs now need the legal authority to handle the primary care of panels of managed-care patients. In some states, NPs have that legal authority. In others, the law is unclear or does not address the issue.

DEMOGRAPHICS

There are approximately 145,000 NPs in the United States, according to statistics kept by Health Resources Services Administration (2004), as reported on the Web site of the American College of Nurse Practitioners.²

NPs IN PRIMARY CARE

The concept of the NP emerged from a need for more primary care providers in underserved areas of the nation. While some NPs work in specialty and acute care settings, the majority provide primary care.

As more and more health plans designate certain generalist physicians—pediatricians, internists, and family practitioners—as primary care providers (PCPs) for groups of patients, it is important for NPs to be included in the definition of PCP.

Definition of Primary Care

The following are definitions of primary care.

According to a national health policy think tank, the National Academy of Sciences’ Institute of Medicine,

- “Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal
health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

Two nurse practice acts written by state agencies define primary health care as:

- "that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease" [Ga. Code Regs. tit. 16, § 1480(b)] and as:

- "the prevention of disease, promotion and maintenance of health, assessment of needs, long-term nursing management of chronic illness and referrals of clients to other resources. The contact between advanced registered nurse practitioner and client may be for an episode of illness or it may be for continuous health care monitoring." (Kan. Admin. Regs. 60-11-101)

A state legislature’s definition is:

- “the health care which clients receive at the first point of contact with the health care system and [which] is continuous and comprehensive. Primary health care includes health promotion, prevention of disease and disability, health maintenance, rehabilitation, identification of health problems, management of health problems, and referral” (Code Me. R. § 02 380 008).

Finally, here is a definition provided by the American Academy of Family Physicians:

- "Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the “undiifferentiated” patient) not limited by problem origin (biological, behavioral, or social), organ system, gender, or diagnosis. Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician, utilizing other health professionals, consultation and/or referral as appropriate.”

Primary care is not controversial in itself. Who performs primary care is somewhat controversial. Who receives reimbursement for primary care is very controversial.

The American Academy of Family Physicians (AAFP) is a professional group that has an interest in defining primary care as a physician-generated service. Physicians want to limit reimbursement to physicians. Physicians are competing not only with NPs but also with other groups of physicians for the designation primary.
care provider. Professional groups representing NPs likewise could define primary
care in NP-specific terms.

The Institute of Medicine definition of primary care given above is notably inclu-
sive rather than restrictive regarding which professional might provide the care.
That is because the committee developing the Institute of Medicine definition
included several nurses and NPs as well as physicians. The Institute of Medicine def-
inition can be cited by NPs as a definition written by a consensus group, not subject
to bias by any one professional group.

NPs’ LEGAL AUTHORITY TO BE PRIMARY CARE PROVIDERS

Some state’s laws specifically authorize nurse practitioners to be primary care
providers (PCPs); i.e., be designated as the individual responsible for the primary care
of a patient enrolled in a managed care plan.

An example of one such law is Maryland’s, which provides that “. . . each mem-
ber [of a health maintenance organization] shall have an opportunity to select a pri-
mary physician or a certified nurse practitioner from among those available to the
health maintenance organization.”

The law continues:

“A member may select a certified nurse practitioner as the member’s pri-
mary care provider if:

(I) The certified nurse practitioner provides services at the same loca-
tion as the certified nurse practitioner’s collaborating physician; and

(II) The collaborating physician provides the continuing medical man-
agement required under subsections (B)(5) of this section.

(III) A member who selects a certified nurse practitioner as a primary
care provider shall be provided the name and contact information
of the certified nurse practitioner’s collaborating physician.

(IV) This subsection may not be construed to require that a health mainte-
nance organization include certified nurse practitioners on the health
maintenance organization’s provider panel as primary care providers.”

(MARYLAND HEALTH-GENERAL CODE ANNOTATED § 19-705.1)

In Maryland, a clause in the state law governing health maintenance organiza-
tions had been construed as prohibiting anyone other than a physician from being a
PCP. Maryland NPs went to the legislature asking for a change in that law. In 2003,
the change was made, and the language provided above was enacted.

In some states, no law prohibits a nurse practitioner from being designated as
a PCP.
Nurse Practitioners as Team Members in Secondary and Tertiary Care

Whereas the role of nurse practitioners was originally contemplated to be in primary care, more and more nurse practitioners are working for specialists and in hospitals. For those nurse practitioners, state law on scope of practice and reimbursement and Federal law on reimbursement is most relevant.

NP VERSUS PA: WHAT’S THE DIFFERENCE?

While NPs and PAs may function very similarly and may, in some states, be interchangeable in terms of job description, there are differences between NPs and PAs in legal definition, scope of practice, licensure, and independence of practice. PAs practice medicine under the license of a physician, never independently. NPs practice under their own licenses. PAs are true physician extenders because they never practice under their own licenses. NPs may be physician extenders or practice independently, depending upon state law. The Institute of Medicine’s definition of primary care provider is misleading because, legally, it is a PA’s physician employer who is practicing primary care. A PA has a job description, not a scope of practice.

Definition and Scope of Practice of PAs, Compared with NPs

By definition, a PA is a health care provider who practices medicine with physician supervision. Nurse practitioners define themselves as nurses with a broadened scope of practice and do not define themselves as physician supervised professionals. PAs include in descriptions of their duties taking medical histories, performing physical examinations, ordering and interpreting laboratory tests, diagnosing and treating illnesses, assisting in surgery, prescribing and/or dispensing medication, and counseling patients. NPs would include all of the above activities in their scope of practice, with the exception of assisting in surgery. While some NPs assist in surgery under practice agreements with physicians, it is not so common an activity that it is universally included in the scope of practice of NPs. NPs usually include special attention to health care maintenance and illness prevention in their statements of scope of practice. The nurse practice act of at least one state—Oregon—includes hospital admission in the scope of NP practice.

The scope of a PA’s practice corresponds with a supervising physician’s practice, with the understanding that the supervising physician will handle the more complicated medical cases. PAs are authorized to prescribe medications in 48 states, the District of Columbia, and Guam.

Physician Involvement with PA Practice

PAs acknowledge their status as physician extenders. According to the American Academy of Physician Assistants, “The physician assistant is a representative of the
physician, treating the patient in the style and manner developed and directed by
the supervising physician."

The Guidelines for Physician/Physician Assistant Practice, adopted by the
American Medical Association House of Delegates in 1995, state the following:

1. Health care services delivered by physicians and PAs must be within the scope
   of each practitioner's authorized practice as defined by state law.
2. The physician is ultimately responsible for coordinating and managing the care
   of patients and, with the appropriate input of the PA, ensuring the quality of
   health care provided to patients.
3. The physician is responsible for the supervision of the PA in all settings.
4. The role of the PA in the delivery of health care should be defined through
   mutually agreed-upon guidelines that are developed by the physician and the
   PA and based on the physician's delegatory style.
5. The physician must be available for consultation with the PA at all times either
   in person or through telecommunication system or other means.
6. The extent of the involvement by the PA in the assessment and implementa-
   tion of treatment will depend on the complexity and acuity of the patient's con-
   dition and the training and experience and preparation of the PA as adjudged
   by the physician.
7. Patients should be made clearly aware at all times whether they are being cared
   for by a physician or a PA.
8. The physician and PA together should review all delegated patient services on
   a regular basis, as well as the mutually agreed-upon guidelines for practice.
9. The physician is responsible for clarifying and familiarizing the PA with his or
   her supervising methods and style of delegating patient care.

Demographics
As of January 2006, there were approximately 58,665 people in clinical practice
as PAs.

Education

PAs are educated in programs that use the medical model and are designed to
complement physician training. The American Academy of Physician Assistants
differentiates PA education from physician education in the following way:

One of the main differences between PA education and physician educa-
tion is not the core content of the curriculum, but the amount of time
spent in formal education. . . . [P]hysicians are required to do an intern-
ship, and the majority also complete a residency in a specialty afterwards.
PAs do not have to undertake an internship or residency.
Licensure Requirements

According to the American Academy of Physician Assistants, “Over three-quarters of states use licensure as the regulatory term for physician assistants; most of the others use the term “certification,” with a handful “registering” physician assistants.” For licensure, PAs must graduate from an accredited PA program and pass a national certifying examination.

Certification Requirements

To maintain certification, PAs must log 100 hours of continuing medical education every 2 years and sit for recertification every 6 years. See Table 1-1 for a comparison of PAs, NPs, and physicians according to basic and continuing education.

History of PAs

As with NPs, the birth of the concept of PAs came after a physician shortage was recognized in the mid-1960s. Dr. Eugene Stead of Duke University Medical Center established the first PA program, using already trained Navy corpsmen. He based his program on a fast-track training program for physicians during World War II.

NP VERSUS PHYSICIAN: WHAT’S THE DIFFERENCE?

NPs differ from physicians in definition, scope of practice, and education.

Definition and Scope of Practice of Physicians

A physician is a provider of medical care according to the laws of the individual states. An example of state law defining the practice of medicine is New Jersey's statute:

The phrase “the practice of medicine or surgery” and the phrase “the practice of medicine and surgery” shall include the practice of any branch of medicine and/or surgery and any method of treatment of human ailment, disease, pain, injury, deformity, mental or physical condition, and the term “physician and surgeon” or “physician or surgeon” shall be deemed to include practitioners in any branch of medicine and/or surgery or method of treatment of human ailment, disease, pain, injury, deformity, mental or physical condition.


<table>
<thead>
<tr>
<th>Health Professional</th>
<th>Undergraduate Degree or Other Education</th>
<th>Graduate Degree</th>
<th>License</th>
<th>Continuing Education (Minimum)</th>
<th>Certification (Renewal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner</td>
<td>AA, BS, or RN diploma</td>
<td>Master's degree required in 24 states</td>
<td>Yes (RN plus specific area of NP certification)</td>
<td>75 hours/5 years</td>
<td>Yes, every 5 years</td>
</tr>
<tr>
<td>Physician assistant</td>
<td>BS or certificate</td>
<td>Not required</td>
<td>Not required</td>
<td>100 hours/2 years</td>
<td>Yes, every 6 years</td>
</tr>
<tr>
<td>Primary care physician</td>
<td>BA/BS</td>
<td>Doctor of medicine or osteopathy required in all states</td>
<td>Yes (MD or DO)</td>
<td>50 hours/year</td>
<td>Optional</td>
</tr>
</tbody>
</table>

Source: Data from the American Nurses Credentialing Center, American Academy of Physician Assistants and American Academy of Family Physicians.
Educational Requirements of Physicians

Physicians have 4 years of medical education. See Table 1-1 for a comparison of NPs, physicians, and PAs on requirements for basic education, continuing education, licensure, and certification.

NP VERSUS RN: WHAT’S THE DIFFERENCE?

NPs and RNs differ in definition, scope of practice, education, and physician supervision.

Definition of RN

The legal definition of registered nurse is provided by the laws of the states. Michigan, for example, defines nursing and registered nurse as follows:

The “practice of nursing” means the systematic application of substantial specialized knowledge and skill derived from the biological, physical, and behavioral sciences, to the care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury, or disability.

“Registered professional nurse” means an individual licensed under this article to engage in the practice of nursing which scope of practice includes the teaching, direction and supervision of less skilled personnel in the performance of delegated nursing activities.

Citation: MICH. COMP. LAWS § 333.17201.

RNs’ Scope of Practice

Nursing typically includes a variety of acts, described under state law. The nursing acts described below are taken from the law of North Dakota:

a. The maintenance of health and prevention of illness.

b. Diagnosing human responses to actual or potential health problems.

c. Providing supportive and restorative care and nursing treatment, medication administration, health counseling and teaching, case finding and referral of persons who are ill, injured, or experiencing changes in the normal health processes.

d. Administration, teaching, supervision, delegation, and evaluation of health and nursing practices.

e. Collaboration with other health care professionals in the implementation of the total health care regimen and execution of the health care
regimen prescribed by a health care practitioner licensed to order health care regimens.

Citation: N.D. CENT. CODE § 43-12.1-02.

RNs’ Education

An RN has 2–4 years of college education and may have a master’s degree, a doctorate degree, or other advanced training over and above the basic education.

Supervision of RNs

Supervision is generally not mandated by law for those activities within the scope of nursing practice. To provide medical care, such as administering prescription medication, an RN needs an order from a health care provider authorized by law to give orders or prescribe medication.

NP VERSUS CNS: WHAT’S THE DIFFERENCE?

Definition and Scope of Practice of CNs

Definition and scope of practice of a clinical nurse specialist (CNS) are specified by state law. For example, Maine law defines the scope of practice of a CNS as follows:

The certified clinical nurse specialist applies research-based knowledge, skills and experience to intervene in human responses to complex health and illness problems. The certified clinical nurse specialist (1) provides case management skills to coordinate comprehensive health services and ensure continuity of care, (2) evaluates client progress in attaining expected outcomes, (3) consults with other health care providers to influence care of clients, effect change in symptoms, and enhance the ability of others to provide health care, (4) performs additional functions specific to the specialty areas. In addition to the above, the certified psychiatric clinical nurse specialist may independently assess, diagnose, and therapeutically intervene in complex mental health problems using psychotherapy and other interventions.

Citation: CODE ME. R. § 02 380 chapter 8.

Education of the CNS

CNSs have, at minimum, a master’s degree in nursing and may have a doctorate degree.
Physician Supervision of CNSs

CNSs have no requirement for physician supervision unless they have prescriptive authority, in which case there often are collaboration or supervision requirements specified by state law. See Table 1-2 for a comparison of NPs, CNSs, and other types of advanced practice nurses in terms of education and licensure.

WHERE DO NURSE PRACTITIONERS PRACTICE?

NPs practice in health maintenance organizations, independent or collaborative private practices, hospitals and affiliated clinics, emergency departments, family planning clinics, college health services, school clinics, convenient care clinics, employee health clinics, long-term care facilities, homeless shelters, hospices, and home-based care services.

NOTES

TABLE 1–2
Nurse Practitioners’ Educational and Professional Credentials Contrasted with Those of Other Advanced Practice Nurses (APNs)

<table>
<thead>
<tr>
<th>Type of APN</th>
<th>Years of College</th>
<th>Years of Training</th>
<th>Undergraduate Degree</th>
<th>Graduate Degree</th>
<th>License</th>
<th>Continuing Education</th>
<th>Renewal of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Anesthetist</td>
<td>4</td>
<td>2</td>
<td>BA/BS</td>
<td>Not required</td>
<td>Yes, RN plus nurse anesthetist</td>
<td>40 hours/2 years</td>
<td>Yes, as CRNA by AANA Council on Accreditation of Nurse Anesthetists</td>
</tr>
<tr>
<td>Nurse Midwife</td>
<td>2–4</td>
<td>1–2</td>
<td>BA/BS or RN diploma</td>
<td>Not required</td>
<td>Yes, RN plus nurse midwife</td>
<td>50 hours/5 years, with other recertification options available</td>
<td>Yes, as nurse midwife by ACNM Certification Council</td>
</tr>
<tr>
<td>Nurse Psychotherapist</td>
<td>2–4</td>
<td>2, plus 100 hours of supervised practice</td>
<td>BA/BS</td>
<td>Master’s</td>
<td>Yes, RN plus nurse psychotherapist</td>
<td>75 hours/5 years</td>
<td>Yes, as CNS by ANCC</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>2–4</td>
<td>1–2</td>
<td>BA/BS or RN diploma</td>
<td>Master’s degree required in 24 states</td>
<td>Yes, RN plus nurse practitioner</td>
<td>Varies with certifying body; 75 hours/5 years (ANCC)</td>
<td>Yes, as NP by ANCC, PNCB, or NCC</td>
</tr>
</tbody>
</table>

Note: ANCC, American Nurses Credentialing Center; CRNA, certified registered nurse anesthetist; AANA, American Association of Nurse Anesthetists; ACNM, American College of Nurse Midwives; NCC, National Certification Corporation; PNCB, Pediatric Nursing Certification Board.

Source: Data from the American Nurses Credentialing Center, American Association of Nurse Anesthetists, and American College of Nurse Midwives Web sites.
APPENDIX 1-A

State-by-State
What is a
Nurse Practitioner?

State-by-state definitions of nurse practitioner, including citation of code section:

ALABAMA

Advanced practice nurse. A registered nurse that has gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles and has been certified by the Board of Nursing to engage in the practice of advanced practice nursing.

Citation: Ala. Code § 32-21-81(3).

ALASKA

“Advanced nurse practitioner” means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the Board of Nursing.

Citation: Alas. Stat. § 08.68.410.(1).

ARIZONA

“Registered nurse practitioner” means a professional nurse who:

(a) is certified by the board;
(b) has completed a nurse practitioner education program approved or recognized by the board;

(c) If applying after July 1, 2004, holds national certification from a national certifying body recognized by the board or provides proof of competence if a certifying examination is not available;

(d) has an expanded scope of practice within a specialty area that includes:

(i) Assessing clients, synthesizing and analyzing data, and understanding and applying principles of health care at an advanced level.

(ii) Managing the physical and psychosocial health status of clients.

(iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem, and selecting, implementing, and evaluating appropriate treatment.

(iv) Making independent decisions in solving complex client care problems.

(v) Diagnosing, performing diagnostic and therapeutic procedures, prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices, and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board.

(vi) Recognizing the limits of the nurse’s knowledge and experience, planning for situations beyond the nurse’s knowledge and expertise, and consulting with or referring clients to other health care providers when appropriate.

(vii) Delegating to a medical assistant pursuant to section 32-1456.

(viii) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner.

Citation: ARIZ. REV. STAT. ANN. § 32-1601.15.

ARKANSAS

Practice of advanced nurse practitioner nursing means the performance for compensation of nursing skills by a registered nurse, who, as demonstrated by national certification, has advanced knowledge and practice skills in the delivery of nursing services.

Citation: ARK. CODE ANN. § 17-87-102(4)(B)(i).

CALIFORNIA

The Legislature finds that various and conflicting definitions of nurse practitioner are being created by state agencies and private organizations within California. The Legislature also finds that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title. Therefore, the Legislature finds the public interest served by the
determination of the legitimate use of the title “nurse practitioner” by registered nurses.

Citation: CAL. BUS. & PROF. CODE § 2834.

Nurse practitioner means a registered nurse who possesses additional preparation and skills in physical diagnosis, psych-social assessment and management of health-illness needs in primary health care, and who has been prepared in a program conforming to board standards as specified in section 1484.

Citation: CAL. CODE REGS. tit. 16 § 1480(a).

COLORADO

“Advanced practice nurse” means a professional nurse who is licensed to practice pursuant to this article, who obtains specialized education and training as provided in this section and who applies to and is accepted by the board for inclusion in the advanced practice registry.

Citation: COLO. REV. STAT. ANN. § 12-38-111.5.(2).

The board shall establish reasonable criteria for designation of specific specialties based on currently accepted professional standards. A nurse who is included in the advanced practice registry has the right to use the title “advanced practice nurse,” or if authorized by the board, to use the title . . . “nurse practitioner”. . . .

Citation: COLO. REV. STAT. ANN. § 12-38-111.5.

CONNECTICUT

Advanced nursing practice is defined as the performance of advanced level nursing practice activities which, by virtue of post-basic specialized education and experience, are appropriate to and may be performed by an advanced practice registered nurse.

Citation: CONN. GEN. STAT. § 20-87a(b).

DELAWARE

“Advanced practice nurse” means an individual whose education and certification meet criteria established by the Board of Nursing who is currently licensed as a registered nurse and has a master’s degree or a post-basic program certified in a clinical nursing specialty with national certification. “Advanced practice nurses” (APNs) shall include, but not be limited to, nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, or clinical nurse specialists. Advanced practice nursing is the application of nursing principles . . . at an advanced level and includes:
a. For those advanced practice nurses who do not perform independent acts of diagnosis or prescription, the authority as granted within the scope of practice rules and regulations promulgated by the Board of Nursing, and

b. For those advanced practice nurses performing independent acts of diagnosis and/or prescription with the collaboration of a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system without written guidelines or protocols and within the scope of practice as defined in the rules and regulations promulgated by the Joint Practice Committee and approved by the Board of Medical Practice.

**Citation:** Del. Code Ann. tit. 24, § 1902(b)(1).

**DISTRICT OF COLUMBIA**

The advanced practice nurse may perform actions of medical diagnosis, treatment, prescription, and other functions authorized by this subchapter.

**Citation:** D.C. STAT., DIV. 1, TITLE 3, SUBTITLE I, CHAPTER 12, SUBCHAPTER VI, § 3-1206.1.

**FLORIDA**

“Advanced registered nurse practitioner” means any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice.

**Citation:** Fla. Stat. Ann. § 464.003(6).

**GEORGIA**

“‘Advanced practice registered nurse’ means a registered professional nurse licensed under this chapter who is recognized by the board as having met the requirements established by the board to engage in advanced nursing practice and who holds a master’s degree or other graduate degree approved by the board and national board certification in his or her area of specialty, or a person who was recognized as an advanced practice registered nurse by the board on or before June 30, 2006.”

**Citation:** Ga. Code Ann. § 43-26-3 (1).

An advanced practice registered nurse (APRN) is a registered professional nurse who has successfully completed/graduated from a post-basic educational program for nurse practitioners, at least nine months in length, which includes theoretical and practical components and evidence of advanced pharmacology within the curriculum or as a separate course.

**Citation:** Ga. Comp. R. & Regs. § r. 410-12-.03.
A nurse practitioner is a registered professional nurse who has completed/graduated from a post-basic educational program for nurse practitioners, at least 9 months in length, which includes theoretical and practical components and evidence of advanced pharmacology within the curriculum as a separate course.

Citation: GA. COMP. R. & REGS. § r. 410-12-.03.

HAWAII

“Advanced Practice Registered Nurse” means a registered nurse who has met the qualifications for APRN set forth in this chapter and through rules of the board, which shall include educational requirements.

Citation: HAW. REV. STAT. § 457-2.

“Advanced practice registered nurse (APRN)” means a registered nurse licensed to practice in this State who has met the qualifications set forth in chapter 457, HRS, and this subchapter, who, because of advanced education and specialized training, is authorized to perform acts of assessment, prevention, and the utilization of medical, therapeutic, or corrective measures.

Citation: HAW. ADMIN. § R. 16-89-77.

IDAHO

“Nurse practitioner” means a licensed professional nurse who has graduated from a nationally accredited nurse practitioner program, passed a qualifying examination recognized by the board, and has current initial certification or current recertification from a national group recognized by the board.

Citation: IDAHO CODE § 54-1402(1)(c).

ILLINOIS

“Advanced practice nurse” or “APN” means a person who is licensed as a registered professional nurse under this Act; meets the requirements for licensure as an advanced practice nurse under Section 15-10; except as provided in Section 15-25, has a written collaborative agreement with a collaborating physician in the diagnosis of illness and management of wellness and other conditions as appropriate to the level and area of his or her practice in accordance with Section 15-15; and cares for patients by using advanced diagnostic skills, the results of diagnostic tests and procedures ordered by the advanced practice nurse, a physician assistant, a dentist, a podiatrist, or a physician, and professional judgment to initiate
and coordinate the care of patients; by ordering diagnostic tests, prescribing medications and drugs in accordance with Section 15-20, and administering medications and drugs; and by using medical, therapeutic, and corrective measures to treat illness and improve health status.

**Citation:** 225 ILL. COMP. STAT. § 65/15-5 and ILL. ADMIN. CODE tit. 68 § 1305.10.

**INDIANA**

“Advanced practice nurse” means (1) a nurse practitioner, (2) a nurse midwife, (3) a clinical nurse specialist, who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse, which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations.

**Citation:** IND. CODE ANN. § 25-23-1-1(b).

**IOWA**

“Advanced registered nurse practitioner” means a nurse with current licensure as a registered nurse in Iowa . . . who is registered in Iowa to practice in an advanced role.

**Citation:** IOWA ADMIN. CODE § r. 655-7.1(152).

“Certified nurse practitioner” is an ARNP educated in the discipline of nursing who has advanced knowledge of nursing, physical and psychosocial assessment, appropriate interventions and management of health care, and who possesses evidence of current certification by a national professional nursing certifying body approved by the board.

**Citation:** IOWA ADMIN. CODE § r. 655-7.1(152).

**KANSAS**

“Advanced registered nurse practitioner” or “ARNP” means a professional nurse who holds a certificate of qualification from the board to function as a professional nurse in an expanded role, and this expanded role shall be defined by rules and regulations adopted by the board in accordance with the KSA 65-1130.

**Citation:** KAN. STAT. ANN. § 65-1113(g).
KENTUCKY

“Advanced registered nurse practitioner” shall mean one who is registered and designated to engage in advanced registered nursing practice, including, but not limited to, the nurse anesthetist, nurse midwife, and nurse practitioner pursuant to KRS 314.042.


LOUISIANA

Nurse practitioner or “NP” is an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally recognized accrediting agency such as the American Nurses Association Credentialling Center, National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties, or the National Certification Board of Pediatric Nurse Practitioners and Nurses, or as approved by the board and who is authorized to provide primary, acute, or chronic care as an advanced nurse practitioner acting within his/her scope of practice to individuals, families, and other groups in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies.


MAINE

“Certified nurse practitioner” means a registered professional nurse who has received post-graduate education designed to prepare the nurse for advanced practice registered nursing in a specialty area in nursing that has a defined scope of practice and has been certified in the clinical specialty by a national certifying organization acceptable to the Board.

Citation: Code Me. R. § 02 380 008.

MARYLAND

Nurse practitioner means a registered nurse who by means of certification . . . may engage in the activities authorized by these regulations.

Citation: Md. Regs. Code § 10.27.07.01.B(4).

MASSACHUSETTS

Practice in the expanded role means professional nursing activity engaged in by a registered nurse in accordance with 244 CMR 4.00 and involving the employment of advanced skills including the evaluation, diagnosis, and treatment of patients with diseases and adverse health conditions. It also
What Is a Nurse Practitioner?

means the management of therapeutic regimens for acute and chronic problems associated with such diseases and conditions. It does not mean activity which the Board recognizes as the generic practice of registered nurses.

Citation: MASS. REGS. CODE tit. 244, § 4.05.

The definition of “Nurse Practitioner” is found in Massachusetts law relating to “Controlled Substances”: "Nurse practitioner," a nurse with advanced training who is authorized to practice by the board of registration in nursing as a nurse practitioner, as provided for in section 80B of Chapter 112."

Section 80B of Chapter 112 describes the information, which nurse practitioners must furnish to the board of registration in nursing in order to become licensed.

MICHIGAN

The board of nursing may issue a specialty certification to a registered professional nurse who has advanced training beyond that required for initial licensure and who has demonstrated competency through examination or other evaluative processes and who practices in 1 of the following health profession specialty fields: nurse midwifery, nurse anesthetist, or nurse practitioner.

Citation: MICH. COMP. LAWS § 333.17210.

“Certified nurse practitioner” means an individual licensed as a registered professional nurse under part 172 who has been issued a specialty certification as a nurse practitioner by the board of nursing.

Citation: MICH. COMP. LAWS § 333.2701(c).

MINNESOTA

“Advanced practice registered nurse” means an individual licensed as a registered nurse by the board and certified by a national nurse certification organization acceptable to the board to practice as a clinical nurse specialist, nurse anesthetist, nurse midwife, or nurse practitioner.

Citation: MINN. STAT. § 148.171.

MISSISSIPPI

Certified Nurse Practitioner: A registered nurse who has met all requirements for certification, as stated in the Nursing Practice Law, Rules and Regulations, and who has been certified as a nurse practitioner by the Board.

Citation: MISS. NURSING REGS., CH. VI.3.
MISSOURI

“Advanced practice nurse” is a nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing.

Citation: Mo. Rev. Sta. § 335.016 (2).

“Advanced practice nurse” is a registered professional nurse as defined in section 335.016(2) RSM, and who is a nurse anesthetist, nurse midwife, nurse practitioner, or clinical nurse specialist.

Citation: Mo. Code Regs. Ann. tit. 20, § 2200-4.100.

MONTANA

Advanced practice registered nurses are nurses who must have additional professional education beyond the basic nursing degree required of a registered nurse. Additional education must be obtained in courses offered in a university setting or its equivalent. The applicant must be certified or in the process of being certified by a certifying body for advanced practice registered nurses. Advanced practice registered nurses include nurse practitioners, nurse-midwives, nurse-anesthetists, and clinical nurse specialists.

Citation: Mont. Code Ann. § 37-8-202(2)(b).

NEBRASKA

Nurse practitioner means a registered nurse who meets the requirements established in section 71-1722 and who holds a certificate issued under the Nurse Practitioner Act.

Citation: Neb. Rev. Stat. § 71-1707.

NEVADA

“Advanced practitioner of nursing” means a registered professional nurse who has specialized skill, knowledge, and experience obtained from an organized formal program of training and who is authorized in special conditions as defined by NAC 632.255 to 632.295, inclusive, to provide designated services in addition to those, which a registered nurse is authorized to perform.

Citation: Nev. Admin. Code § 632.020.
NEW HAMPSHIRE

“Advanced Registered Nurse Practitioner” or “A.R.N.P.” means a registered nurse currently licensed by the board under RSA 326-B:18.

Citation: N.H. REV. STAT. ANN. § 326-B:2.I.

NEW JERSEY

“Advanced practice nurse” means a person who holds a certification in accordance with section 8 or 9 of P.L. 1991, c.377(C.45:11-47 or 45:11-48).

Citation: N.J. STAT. ANN. § 45:11-23.d.

Whenever the titles “nurse practitioner,” “clinical nurse specialist,” or “nurse practitioner/clinical nurse specialist” occur or any reference is made thereto in any law, contract or document, the same shall be deemed to mean or refer to the title or designation “advanced practice nurse.”

Citation: N.J. STAT. ANN. § 45:11-46.

NEW MEXICO

“Certified nurse practitioner” means a registered nurse who is licensed by the board for advanced practice as a certified registered nurse practitioner and whose name and pertinent information are entered on the list of certified registered nurse practitioners maintained by the board.

Citation: N.M. STAT. ANN. § 61-3-3.E.

NEW YORK

The practice of registered nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols.

Citation: N.Y. EDUC. LAW § 6902.3(a).

NORTH CAROLINA

“Nurse Practitioner” means a currently licensed registered nurse approved to perform medical acts consistent with the nurse’s area of nurse practitioner academic educational preparation and national certification under
an agreement with a licensed physician for ongoing supervision, consultation, collaboration, and evaluation of the medical acts performed.

Citation: N.C. Admin. Code tit. 21, § r. 36.0801.

NORTH DAKOTA

“Advanced practice registered nurse” means an individual who holds a current license to practice in this state as an advanced practice registered nurse.

Citation: N.D. Cent. Code § 43-12.1-02.1.

OHIO

“Certified nurse practitioner” means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified nurse practitioner in accordance with section 4723.43 of the Revised Code and rules adopted by the Board of Nursing.

Citation: Ohio Rev. Code Ann. § 4723.01(15).

OKLAHOMA

“Advanced practice nurse” means a licensed registered nurse who has successfully completed a formal program of study approved by the Board, which is designed to prepare registered nurses to perform in an expanded role in the delivery of health care, is nationally certified by an appropriate certifying body, recognized by the Board, and has received a certificate of recognition from the Board. The term advanced practice nurse shall include Advanced Registered Nurse Practitioners, Clinical Nurse Specialists, Nurse Midwives, and Certified Registered Nurse Anesthetists.

Citation: Okla. Stat. Ann., tit. 59, § 567.3a(5).

“Advanced registered nurse practitioner” means a licensed registered nurse who has met the requirements of paragraph 5 of this section. The advanced registered nurse practitioner performs an expanded role in the delivery of health care that is:

a. Consistent with advanced educational preparation as an advanced practice nurse in the area of specialty,
b. Functions within the advanced registered nurse practitioner scope of practice denoted for the area of specialization, and
c. Is in accord with the standards for advanced practice nurses as identified by the certifying body and approved by the Board.

Citation: Okla. Stat. Ann., tit. 59, § 567.3a(6).
OREGON

“Nurse practitioner” (NP) means a registered nurse who provides health care in an expanded specialty role. The title nurse practitioner and specialty category of practice shall not be used unless the individual is certified by the Board.

Citation: Or. Admin. § R. 851-050-0000.

PENNSYLVANIA

“Certified registered nurse practitioner” is a registered nurse licensed in this Commonwealth who is certified by the Board in a particular clinical specialty area and who, while functioning in the expanded rule as a registered nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with and under the direction of a physician licensed to practice medicine in this Commonwealth. Nothing in this subchapter is to be deemed to limit or prohibit a nurse from engaging in those activities which normally constitute the practice of nursing as defined in section 2 of the Professional Nursing law.

Citation: 49 Pa. Code § 21.251.

RHODE ISLAND

“Certified registered nurse practitioner” is an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges. The practice includes collaboration with other licensed health care professionals including but not limited to physicians, pharmacists, podiatrists, dentists, and nurses.

Citation: R.I. Gen. Laws § 5-34-3.(3).

“Certified registered nurse practitioner” (CRNP) means an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges, and collaboration with other licensed health care professionals, including, but not limited to, physicians, pharmacists, podiatrists, dentists, and nurses.

Citation: R.I. R. R5-34-NUR/ED 1.9.

SOUTH CAROLINA

“Nurse practitioner” means a registered nurse who has completed a post-basic or advanced formal education program acceptable to the board and
who demonstrates advanced knowledge and skill in assessment and management of physical and psychosocial health, illness status of persons, families, and groups.

Citation: 2 S.C. Code Ann. § 40-33-2.

SOUTH DAKOTA

“Nurse practitioner,” a provider duly authorized under this chapter to practice the specialty of nurse practitioner as defined in 36-9A-12.

Citation: S.D. Codified Laws § 36-9A-1.

TENNESSEE

“Advanced practice nurse” means a registered nurse with a master’s degree or higher in a nursing specialty and national specialty certification as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist.

Citation: Tenn. Code Ann. § 63-7-126(a).

TEXAS

Advanced practice nurse—A registered professional nurse approved by the board to practice as an advanced practice nurse based on completing an advanced educational program acceptable to the board. The term includes a nurse practitioner, nurse midwife, nurse anesthetist, and a clinical nurse specialist. The advanced practice nurse is prepared to practice in an expanded role to provide health care to individuals, families, and/or groups in a variety of settings including, but not limited to homes, hospitals, institutions, offices, industry, schools, community agencies, public and private clinics, and private practice. The advanced practice nurse acts independently and/or in collaboration with other health care professionals in the delivery of health care services.

Citation: Tex. Admin. Code § 222.1(1).

UTAH

“Practice of advanced practice registered nursing” means the practice of nursing within the generally recognized scope and standards of advanced practice registered nursing as defined by rule and consistent with professionally recognized preparation and education standards of an advanced practice registered nurse by a person licensed under this chapter as an advanced practice registered nurse. Advanced practice nursing includes...
(a) maintenance and promotion of health and prevention of disease;  
(b) diagnosis, treatment, correction, consultation, or referral for common  
health problems; and  
(c) prescription or administration of prescription drugs or devices,  
including local anesthesia; schedule IV-V controlled substances; and  
schedule II-III controlled substances in accordance with a consulta-

Citation: UTAH CODE ANN. § 58-31b-102(15).

VERMONT

“Advanced practice registered nurse” means a licensed registered nurse  
authorized to practice in this state who, because of specialized education  
and experience, is endorsed to perform acts of medical diagnosis and to pre-
scribe medical, therapeutic, or corrective measures under administrative  
rules adopted by the board.

Citation: VT. STAT. ANN. tit. 26, § 1572(4).

VIRGINIA

“Licensed nurse practitioner” means a registered nurse who has met the  
requirements for licensure as stated in Part II (18 VAC 90-30-60 et seq.)  
of this chapter.

Citation: 18 VA. CODE ANN. § 90-30-60.

“Nurse practitioner” means a registered nurse who has met the addition-
al requirements of education and examination for licensure as a nurse  
practitioner in the Commonwealth.

Citation: 18 VA. CODE ANN. § 90-40-10.

WASHINGTON

An advanced practice registered nurse is a registered nurse prepared in a  
formal education program to assume primary responsibility for continuous  
and comprehensive management of a broad range of patient care, con-
cerns, and problems.

Citation: WASH. ADMIN. CODE § 246-840-300.

WEST VIRGINIA

“Nurse practitioner” means a registered nurse qualified by virtue of his  
or her education and credentials and approved by the West Virginia  
board of examiners for registered professional nurses to practice as an
advanced practice nurse independently or in a collaborative relation-
ship with a physician.

“Advanced nurse practitioner” means a registered nurse with substantial
theoretical knowledge in a specialized area of nursing practice and pro-
ficient clinical utilization of the knowledge in implementing the nursing
process, and who has met the further requirements of title 19, legislative
rules for West Virginia board of examiners for registered professional
nurses, series 7, who has mutually agreed upon association in writing
with a physician and has been selected by or assigned to the person and
has primary responsibility for treatment and care of the person.

“Nurse practitioner” means a registered nurse licensed under ch. 441 or in
a party state, as defined in § 441.50(2)(j), whose practice of professional
nursing under § 441.001(4) includes performance of delegated medical
services under the supervision of a physician, dentist, or podiatrist.

“Advanced practice registered nurse (APRN)” means a nurse who:
(A) May prescribe, administer, dispense, or provide nonprescriptive and
prescriptive medications including prepackaged medications, except
schedule I drugs as defined in W.S. 35-7-1013 and 34-7-1014;
(B) Has responsibility for the direct care and management of patients
and clients in relation to their human needs, disease states, and ther-
apeutic and technological interventions;
(C) Has a master’s degree in nursing, or an advanced practice registered
nurse specialty or has completed an accredited advanced practice
registered nurse educational program prior to January 1, 1999; and
(D) Has completed an advanced program of study in a specialty area in
an accredited nursing program, has taken and passed a national cer-
tification examination in the same area and has been granted recog-
nition by the board to practice as an APRN.
ALABAMA: Certified Registered Nurse Practitioner (CRNP)

ALASKA: Advanced Nurse Practitioner (ANP)

ARIZONA: Registered Nurse Practitioner (RNP)

ARKANSAS: Advanced Registered Nurse Practitioner (ARNP) or (ANP) or (RNP)

CALIFORNIA: Nurse Practitioner (NP)

COLORADO: Nurse Practitioner (NP) or Advanced Practice Nurse (APN)

CONNECTICUT: Advanced Practice Registered Nurse (APRN) or Certified Nurse Practitioner (CNP)

DELAWARE: Advanced Practice Nurse (APN) or Nurse Practitioner (NP)

DISTRICT OF COLUMBIA: Nurse-Practitioner, Certified Nurse-Practitioner (CNP)

FLORIDA: Advanced Registered Nurse Practitioner (ARNP)

GEORGIA: Advanced Practice Registered Nurse (APRN) or Nurse Practitioner (NP)

HAWAII: Advanced Practice Registered Nurse (APRN)

IDAHO: Nurse Practitioner (NP) or Advanced Practice Professional Nurse (APPN)

ILLINOIS: Certified Nurse Practitioner (CNP)

INDIANA: Advanced Practice Nurse (APN) or Nurse Practitioner (NP)

IOWA: Advanced Registered Nurse Practitioner (ARNP)

KANSAS: Advanced Registered Nurse Practitioner (ARNP)

KENTUCKY: Advanced Registered Nurse Practitioner (ARNP)

LOUISIANA: Advanced Practice Registered Nurse (APRN) or Nurse Practitioner (NP)

MAINE: Advanced Practice Registered Nurse (APRN) or Certified Nurse Practitioner (CNP)

MARYLAND: Certified Registered Nurse Practitioner (CRNP)

MASSACHUSETTS: Nurse Practitioner (NP)

MICHIGAN: Nurse Practitioner (NP)

MINNESOTA: Nurse Practitioner (NP)

MISSISSIPPI: Nurse Practitioner (NP)

MISSOURI: Advanced Practice Nurse (APN) or Nurse Practitioner (NP)

MONTANA: Advanced Practice Registered Nurse (APRN) or Nurse Practitioner (NP)

NEBRASKA: Advanced Practice Registered Nurse (APRN) or Nurse Practitioner (NP)

NEVADA: Advanced Practitioner of Nursing (APN)

NEW HAMPSHIRE: Advanced Registered Nurse Practitioner (ARNP)

NEW JERSEY: Advanced Practice Nurse (APN)

NEW MEXICO: Certified Nurse Practitioner (CNP)

NEW YORK: Nurse Practitioner (NP)

NORTH CAROLINA: Nurse Practitioner (NP)
What Is a Nurse Practitioner?

NORTH DAKOTA: Advanced Practice Registered Nurse (APRN) or Nurse Practitioner (NP)

OHIO: Certified Nurse Practitioner (CNP)

OKLAHOMA: Advanced Registered Nurse Practitioner (ARNP)

OREGON: Nurse Practitioner (NP)

OREGON: Certified Registered Nurse Practitioner (CRNP)

RHODE ISLAND: Certified Registered Nurse Practitioner (RNP)

SOUTH CAROLINA: Nurse Practitioner (NP)

SOUTH DAKOTA: Certified Nurse Practitioner (CNP)

TENNESSEE: Certified Nurse Practitioner (CNP)

TEXAS: Advanced Practice Nurse (APN) or Nurse Practitioner (NP)

UTAH: Advanced Practice Registered Nurse (APRN)

VERMONT: Advanced Practice Registered Nurse (APRN) is used to describe all the categories of RNs in advanced nursing practice.

VIRGINIA: Advanced Practice Nurse (APN) or Nurse Practitioner (NP)

WASHINGTON: Advanced Practice Registered Nurse Practitioner (APRN)

WEST VIRGINIA: Advanced Practice Nurse (APN) or Nurse Practitioner (NP)

WISCONSIN: Advanced Practice Nurse (APN) or Nurse Practitioner (NP)

WYOMING: Advanced Practice Registered Nurse (APRN)