314.042 License to practice as an advanced practice registered nurse -- Application -- Renewal -- Reinstatement -- Use of "APRN" -- Prescriptive authority under CAPA-NS and CAPA-CS -- Exemption from CAPA-NS and CAPA-CS requirement -- CAPA-CS Committee -- Administrative regulations.

(1) An applicant for licensure to practice as an advanced practice registered nurse shall file with the board a written application for licensure and submit evidence, verified by oath, that the applicant:

(a) Has completed an education program that prepares the registered nurse for one (1) of four (4) APRN roles that has been accredited by a national nursing accrediting body recognized by the United States Department of Education;

(b) Is certified by a nationally established organization or agency recognized by the board to certify registered nurses for advanced practice registered nursing;

(c) Is able to understandably speak and write the English language and to read the English language with comprehension; and

(d) Has passed the jurisprudence examination approved by the board as provided in subsection (5) of this section.

(2) Upon request, an applicant who meets the requirements of subsection (1)(a), (c), and (d) of this section, but has not yet taken the national certification exam, may be issued a provisional license that shall expire no later than six (6) months from the date of issuance.

(3) An individual who holds a provisional license shall have the right to use the title "advanced practice registered nurse applicant" and the abbreviation "APRNA." An APRNA may function as an APRN, except for prescribing medications and shall only practice under a mentorship with an advanced practice registered nurse or a physician.

(4) (a) An APRNA shall take and pass the national certification exam recognized by the board to the certify registered nurses for advanced practice registered nursing within the six (6) month term of the provisional license to become a fully licensed APRN.

(b) If the APRNA fails to take and pass the national certification exam on the first attempt, the APRNA shall be given one (1) more opportunity to take and pass the exam.

(c) If the APRNA does not pass the national certification exam on the second attempt, the provisional license shall immediately be terminated.

(5) The jurisprudence examination shall be prescribed by the board and be conducted on the licensing requirements under this chapter and administrative regulations applicable to advance practice registered nursing promulgated in accordance with KRS Chapter 13A.

(6) The board may issue a license to practice advanced practice registered nursing to an applicant who holds a current active registered nurse license issued by the board or holds the privilege to practice as a registered nurse in this state and meets the qualifications of subsection (1) of this section. An advanced practice registered nurse shall be:

(a) Designated by the board as a certified registered nurse anesthetist, certified nurse midwife, certified nurse practitioner, or clinical nurse specialist; and

(b) Certified in at least one (1) population focus.

(7) The applicant for licensure or renewal thereof to practice as an advanced practice registered nurse shall pay a fee to the board as set forth in regulation by the board.

(8) An advanced practice registered nurse shall maintain a current active registered nurse license issued by the board or hold the privilege to practice as a registered nurse in this state and maintain current certification by the appropriate national organization or agency recognized by the board.

(9) Any person who holds a license to practice as an advanced practice registered nurse in this state shall have the right to use the title "advanced practice registered nurse" and the abbreviation "APRN." No other person shall assume the title or use the abbreviation or any other words, letters, signs, or figures to indicate that the person using the same is an advanced practice registered nurse. No person shall practice as an advanced practice registered nurse unless licensed under this section.

(10) Any person heretofore licensed as an advanced practice registered nurse under the provisions of this chapter who has allowed the license to lapse may be reinstated on payment of the current fee and by meeting the provisions of this chapter and administrative regulations promulgated by the board pursuant to the provisions of KRS Chapter 13A.

(11) The board may authorize a person to practice as an advanced practice registered nurse temporarily and pursuant to applicable administrative regulations promulgated by the board pursuant to the provisions of KRS Chapter 13A if the person is awaiting licensure by endorsement.

(12) (a) Except as authorized by subsection (13) of this section, before an advanced practice registered nurse engages in the prescribing or dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8), the advanced practice registered nurse shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician who has an active and unrestricted license in Kentucky that defines the scope of the prescriptive authority for nonscheduled legend drugs.

(b) The advanced practice registered nurse shall notify the Kentucky Board of Nursing of the existence of the CAPA-NS and the name of the collaborating physician and shall, upon request, furnish to the board or its staff a copy of the completed CAPA-NS. The Kentucky Board of Nursing shall notify the Kentucky Board of Medical Licensure that a CAPA-NS exists and furnish the collaborating physician's name.

(c) The CAPA-NS shall be in writing and signed by both the advanced practice registered nurse and the collaborating physician. A copy of the completed collaborative agreement shall be available at each site where the advanced practice registered nurse is providing patient care.

(d) The CAPA-NS shall describe the arrangement for collaboration and communication between the advanced practice registered nurse and the

collaborating physician regarding the prescribing of nonscheduled legend drugs by the advanced practice registered nurse.

(e) The advanced practice registered nurse who is prescribing nonscheduled legend drugs and the collaborating physician shall be qualified in the same or a similar specialty.

(f) The CAPA-NS is not intended to be a substitute for the exercise of professional judgment by the advanced practice registered nurse or by the collaborating physician.

(g) The CAPA-NS shall be reviewed and signed by both the advanced practice registered nurse and the collaborating physician and may be rescinded by either party upon written notice to the other party and the Kentucky Board of Nursing.

(13) (a) Before an advanced practice registered nurse may discontinue or be exempt from a CAPA-NS required under subsection (12) of this section, the advanced practice registered nurse shall have completed four (4) years of prescribing as a certified nurse practitioner, clinical nurse specialist, certified nurse midwife, or as a certified registered nurse anesthetist. For nurse practitioners and clinical nurse specialists, the four (4) years of prescribing shall be in a population focus as defined in KRS 314.011.

(b) After four (4) years of prescribing with a CAPA-NS in collaboration with a physician:

1. An advanced practice registered nurse whose license is in good standing at that time with the Kentucky Board of Nursing and who will be prescribing nonscheduled legend drugs without a CAPA-NS shall notify that board that the four (4) year requirement has been met and that he or she will be prescribing nonscheduled legend drugs without a CAPA-NS;
2. The advanced practice registered nurse will no longer be required to maintain a CAPA-NS and shall not be compelled to maintain a CAPA-NS as a condition to prescribe after the four (4) years have expired, but an advanced practice registered nurse may choose to maintain a CAPA-NS indefinitely after the four (4) years have expired; and
3. If the advanced practice registered nurse's license is not in good standing, the CAPA-NS requirement shall not be removed until the license is restored to good standing.

(c) An advanced practice registered nurse wishing to practice in Kentucky through licensure by endorsement is exempt from the CAPA-NS requirement if the advanced practice registered nurse:

1. Has met the prescribing requirements in a state that grants independent prescribing to advanced practice registered nurses; and
2. Has been prescribing for at least four (4) years.

(d) An advanced practice registered nurse wishing to practice in Kentucky through licensure by endorsement who had a collaborative prescribing agreement with a physician with an active and unrestricted license in another state for at least four (4) years shall be exempt from the CAPA-NS

requirement.

(14) (a) There is hereby established the "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances" (CAPA-CS) Committee. The committee shall be composed of four (4) members selected as follows:

1. Two (2) members shall be advanced practice registered nurses who currently prescribe or have prescribed scheduled drugs, each appointed by the Kentucky Board of Nursing from a list of names submitted for each position by the Kentucky Association of Nurse Practitioners and Nurse-Midwives; and
2. Two (2) members shall be physicians who have currently or had previously a signed CAPA-CS with an advanced practice registered nurse who prescribes scheduled drugs, each appointed by the Kentucky Board of Medical Licensure from a list of names submitted for each position by the Kentucky Medical Association.

(b) The committee shall develop a standardized CAPA-CS form to be used in accordance with the provisions of subsection (15) of this section. The standardized CAPA-CS form shall be used by all advanced practice registered nurses and all physicians in Kentucky who enter into a CAPA-CS.

(c) The committee may be reconvened at the request of the Kentucky Board of Nursing or the Kentucky Board of Medical Licensure if it becomes necessary to update the standardized CAPA-CS form.

(d) The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure shall each be responsible for and have exclusive authority over their respective members appointed to the committee.

(e) The committee shall be attached to the Kentucky Board of Nursing for administrative purposes. The Kentucky Board of Nursing shall be responsible for the expenses of its members. The Kentucky Board of Medical Licensure shall be responsible for the expenses of its members.

(f) The Kentucky Board of Nursing shall promulgate an administrative regulation pursuant to KRS Chapter 13A within ninety (90) days of June 29, 2023, to establish and implement the standardized CAPA-CS form developed by the committee.

(15) (a) Except as provided in subsections (17) and (18) of this section, before an advanced practice registered nurse engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the advanced practice registered nurse shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances" (CAPA-CS) on a standardized CAPA-CS form with a physician who has an active and unrestricted license in Kentucky that defines the scope of the prescriptive authority for controlled substances.

(b) The advanced practice registered nurse shall notify the Kentucky Board of Nursing of the existence of the CAPA-CS and the name of the collaborating

physician and shall, upon request, furnish to the board or its staff a copy of the completed standardized CAPA-CS form. The Kentucky Board of Nursing shall notify the Kentucky Board of Medical Licensure that a CAPA-CS exists and furnish an executed copy of the Kentucky Board of Nursing notification of a CAPA-CS completed by the advanced practice registered nurse to the Kentucky Board of Medical Licensure.

(c) The CAPA-CS shall be in writing and signed by both the advanced practice registered nurse and the collaborating physician. A copy of the completed standardized CAPA-CS form shall be available at each site where the advanced practice registered nurse is providing patient care.

(d) The CAPA-CS shall describe the arrangement for collaboration and communication between the advanced practice registered nurse and the collaborating physician regarding the prescribing of controlled substances by the advanced practice registered nurse.

(e) The advanced practice registered nurse who is prescribing controlled substances and the collaborating physician shall be qualified in the same or a similar specialty.

(f) The CAPA-CS is not intended to be a substitute for the appropriate exercise of professional judgment by the advanced practice registered nurse or by the collaborating physician.

(g) The relevant statutes and regulations pertaining to the prescribing authority of advanced practice registered nurses for controlled substances shall be reviewed by the advanced practice registered nurse and the collaborating physician at the outset of the CAPA-CS.

(h) Prior to prescribing controlled substances, the advanced practice registered nurse shall obtain a Controlled Substance Registration Certificate through the United States Drug Enforcement Administration.

(i) The CAPA-CS shall be reviewed and signed by both the advanced practice registered nurse and the collaborating physician and may be rescinded by either party upon thirty (30) days written notice to the other party. The advanced practice registered nurse shall notify the Kentucky Board of Nursing that the CAPA-CS has been rescinded. The Kentucky Board of Nursing shall notify the Kentucky Board of Medical Licensure that the CAPA-CS has been rescinded and shall furnish an executed copy of the Kentucky Board of Nursing rescission of a CAPA-CS completed by the advanced practice registered nurse or by the collaborating physician to the Kentucky Board of Medical Licensure.

(j) The CAPA-CS shall state any limits on controlled substances which may be prescribed by the advanced practice registered nurse, as agreed to by the advanced practice registered nurse and the collaborating physician. The limits so imposed may be more stringent than either the schedule limits on controlled substances established in KRS 314.011(8) or the limits imposed in regulations promulgated by the Kentucky Board of Nursing thereunder. The CAPA-CS shall also include any requirements, as agreed to by both the advanced practice registered nurse and the collaborating physician, for

communication between the advanced practice registered nurse and the collaborating physician.

(k) Within thirty (30) days of obtaining a Controlled Substance Registration Certificate from the United States Drug Enforcement Administration, and prior to prescribing controlled substances, the advanced practice registered nurse shall register with the electronic system for monitoring controlled substances established by KRS 218A.202 and shall provide a copy of the registration certificate to the board.

(l) For advanced practice registered nurses who have not had a CAPA-CS:

1. An advanced practice registered nurse wishing to have a CAPA-CS in his or her first year of licensure must be employed by a health care entity or provider. If the employing provider is an advanced practice registered nurse, he or she must have completed four (4) years of prescribing with a CAPA-CS and no longer be required to maintain a CAPA-CS;

2. In the first year of the CAPA-CS, the advanced practice registered nurse and the physician shall meet at least quarterly, either in person or via video conferencing, to review the advanced practice registered nurse's reverse KASPER report or that of the prescription drug monitoring program (PDMP) currently in use in Kentucky pursuant to KRS 218A.202. The advanced practice registered nurse and the collaborating physician may meet via telephonic communication when an in-person meeting or videoconferencing session is not logistically or technologically feasible. The review of specific prescriptions identified in the reverse KASPER report or that of the PDMP currently in use in Kentucky pursuant to KRS 218A.202 by the advanced practice registered nurse and the collaborating physician may include information from the patient's medical record that relates to the condition or conditions being treated with controlled substances by the advanced practice registered nurse to facilitate meaningful discussion. A record of the meeting date, summary of discussions, and any recommendations made shall be made in writing and a copy retained by both parties to the agreement for a period of one (1) year past the expiration of the CAPA-CS. The meeting records shall be subject to audit by the Kentucky Board of Nursing for the advanced practice registered nurse and by the Kentucky Board of Medical Licensure for the physician. The sole purpose of the audit shall be to document that the collaboration meetings have taken place as required by this section and that other provisions of this section have been met; and

3. In the ensuing three (3) years of the CAPA-CS, the advanced practice registered nurse and the physician shall meet at least biannually in person or via video conferencing to review the advanced practice registered nurse's reverse KASPER report or that of the PDMP currently in use in Kentucky pursuant to KRS 218A.202. The advanced practice registered nurse and the collaborating physician may meet via

telephonic communication when an in-person meeting or videoconferencing session is not logistically or technologically feasible. The review of specific prescriptions identified in the reverse KASPER report or that of the PDMP currently in use in Kentucky pursuant to KRS 218A.202 by the advanced practice registered nurse and the collaborating physician may include information from the patient's medical record that relates to the condition or conditions being treated with controlled substances by the advanced practice registered nurse to facilitate meaningful discussion. A record of the meeting date, summary of discussions, and any recommendations made shall be noted in writing and a copy retained by both parties to the agreement for a period of one (1) year past the expiration of the CAPA-CS. The meeting records shall be subject to audit by the Kentucky Board of Nursing for the advanced practice registered nurse and by the Kentucky Board of Medical Licensure for the physician. The sole purpose of the audit shall be to document that the collaboration meetings have taken place as required by this section and that other provisions of this section have been met.

(16) Nothing in this chapter shall be construed as requiring an advanced practice registered nurse designated by the board as a certified registered nurse anesthetist to enter into a collaborative agreement with a physician, pursuant to this chapter or any other provision of law, in order to deliver anesthesia care.

(17) (a) Except as provided in subsection (18) of this section, an advanced practice registered nurse who wishes to continue to prescribe controlled substances may be exempt from a CAPA-CS required under subsection (15) of this section if the advanced practice registered nurse has:

1. Completed four (4) years of prescribing authority for controlled substances with a CAPA-CS;
2. Maintained a United States Drug Enforcement Administration registration; and
3. Maintained a master account with KASPER or the PDMP currently in use in Kentucky pursuant to KRS 218A.202.

(b) 1. An advanced practice registered nurse who has had four (4) years of prescribing authority with a CAPA-CS and who wishes to prescribe controlled substances without a CAPA-CS shall submit, via the APRN update portal, a request for review from the Kentucky Board of Nursing that the advanced practice registered nurse's license is in good standing.

2. An advanced practice registered nurse who has fewer than four (4) years of prescribing authority with a CAPA-CS and who wishes to prescribe controlled substances without a CAPA-CS shall complete the required number of years under the then-current CAPA-CS to reach four (4) years and shall submit, via the APRN update portal, a request for review from the Kentucky Board of Nursing that the advanced practice registered nurse's license is in good standing. However, if the then-current CAPA-CS expires or is rescinded prior to the end of the four (4) year term, a new CAPA-CS shall be required and subject to the

provisions of this section.

3. The advanced practice registered nurse shall not prescribe controlled substances without a CAPA-CS until the board has completed its review and has notified the advanced practice registered nurse in writing that the advanced practice registered nurse is exempt from the CAPA-CS requirement.
4. The review request shall include the payment of a fee set by the board through the promulgation of an administrative regulation.

(c) Upon receipt of a request pursuant to this subsection, the Kentucky Board of Nursing shall perform a review to determine whether the license of the advanced practice registered nurse is in good standing based upon an evaluation of the criteria specified in this subsection and in the administrative regulation promulgated by the board pursuant to this subsection, including but not limited to verification:

1. That a current United States Drug Enforcement Administration registration certificate for the advanced practice registered nurse is on file with the board;
2. That a current CAPA-CS notification for the advanced practice registered nurse is on file with the board;
3. That the advanced practice registered nurse has an active master account with the electronic system for monitoring controlled substances pursuant to KRS 218A.202;
4. Through a criminal background check of the absence of any unreported misdemeanor or felony convictions in Kentucky; and
5. Through a check of the coordinated licensure information system specified in KRS 314.475 of the absence of any unreported disciplinary actions in another state.

(d) Based on the findings of these actions, the Kentucky Board of Nursing shall determine if the advanced practice registered nurse's license is in good standing for the purpose of removing the requirement for the advanced practice registered nurse to have a CAPA-CS in order to prescribe controlled substances.

(e) If the advanced practice registered nurse's license is found to be in good standing, the advanced practice registered nurse shall be notified by the board in writing that a CAPA-CS is no longer required. The advanced practice registered nurse shall not be required to maintain a CAPA-CS as a condition to prescribe controlled substances unless the board later imposes such a requirement as part of an action instituted under KRS 314.091(1). An advanced practice registered nurse may choose to maintain a CAPA-CS indefinitely after the determination of good standing has been made. An advanced practice registered nurse who chooses to prescribe without a CAPA-CS shall be held to the same standard of care as all other providers with prescriptive authority.

(f) If the advanced practice registered nurse's license is found not to be in good

standing, the CAPA-CS requirement shall not be removed until the license is restored to good standing, as directed by the board.

(g) The Kentucky Board of Nursing shall conduct random audits of the prescribing practices of advanced practice registered nurses, including those who are no longer required to have a CAPA-CS in order to prescribe, through a review of data obtained from the KASPER report or that of the PDMP currently in use in Kentucky pursuant to KRS 218A.202 and shall take disciplinary action under KRS 314.091(1) if a violation has occurred.

(18) (a) An advanced practice registered nurse wishing to practice in Kentucky through licensure by endorsement is exempt from the CAPA-CS requirement if the advanced practice registered nurse:

1. Has met the prescribing requirements for controlled substances in a state that grants such prescribing authority to advanced practice registered nurses;
2. Has had authority to prescribe controlled substances for at least four (4) years; and
3. Has a license in good standing as described in subsection (17) of this section and in the administrative regulation promulgated by the board pursuant to subsection (17) of this section.

(b) An advanced practice registered nurse wishing to practice in Kentucky through licensure by endorsement who has had the authority to prescribe controlled substances for less than four (4) years and wishes to continue to prescribe controlled substances shall enter into a CAPA-CS with a physician who has an active and unrestricted license in Kentucky and comply with the provisions of this section until the cumulative four (4) year requirement is met, after which the advanced practice registered nurse who wishes to prescribe controlled substances without a CAPA-CS shall follow the process identified in subsection (17) of this section and in the administrative regulation promulgated by the board pursuant to subsection (17) of this section.

(19) An advanced practice registered nurse shall not prescribe controlled substances without a CAPA-CS until the board has completed its review and has notified the advanced practice registered nurse in writing that the advanced practice registered nurse is exempt from the CAPA-CS requirement.

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History: Amended 2026 Ky. Acts ch. 75, sec. 3, effective April 10, 2026. -- Amended 2024 Ky. Acts ch. 218, sec. 1, effective July 15, 2024. -- Amended 2023 Ky. Acts ch. 73, sec. 1, effective June 29, 2023. -- Amended 2021 Ky. Acts ch. 119, sec. 2, effective June 29, 2021. -- Amended 2018 Ky. Acts ch. 183, sec. 4, effective July 14, 2018. -- Amended 2015 Ky. Acts ch. 113, sec. 14, effective June 24, 2015; and ch. 117, sec. 12, effective June 24, 2015. -- Amended 2014 Ky. Acts ch. 2, sec. 2, effective July 15, 2014. -- Amended 2010 Ky. Acts ch. 85, sec. 53, effective July 15, 2010. -- Amended 2008 Ky. Acts ch. 99, sec. 2, effective July 15, 2008. -- Amended 2006 Ky. Acts ch. 5, sec. 2, effective July 12, 2006; and ch. 86, sec. 5, effective June 1, 2007. -- Amended 2000 Ky. Acts ch. 391, sec. 10, effective July 14, 2000. -- Amended 1996 Ky. Acts ch. 342, sec. 2, effective July 15, 1996. -- Amended 1994

Ky. Acts ch. 367, sec. 7, effective July 15, 1994. -- Amended 1992 Ky. Acts ch. 128, sec. 6, effective July 14, 1992. -- Amended 1990 Ky. Acts ch. 443, sec. 21, effective July 13, 1990. -- Created 1982 Ky. Acts ch. 408, sec. 5, effective July 15, 1982.

Legislative Research Commission Note (6/29/2023). This statute contains references to KASPER, the acronym for the Kentucky All Schedule Prescription Electronic Reporting system established under KRS 218A.202.