

INSTRUCTIONS
ADVANCED PRACTICE PROFESSIONAL NURSE (APPN)
2011-2013 RENEWAL APPLICATION

- In order to renew your Advanced Practice Professional Nurse License in the category of Certified Nurse-Midwife (CNM), Clinical Nurse Specialist (CNS), Nurse Practitioner (NP), or Registered Nurse Anesthetist (RNA), you must also renew your professional nurse (RN) license (*unless your primary state of residence is in a Compact State*). Your RN license can be renewed on-line and your APPN application submitted via paper. (APPN applications are also available for download from the Board's website at www.idaho.gov/ibn click on "Licensing Information".) Applications post-marked after August 31, 2011, will be assessed an additional \$35.00 late fee. This application must be completed and signed to avoid a delay in processing.
- If your name and/or address on the renewal application are not correct, print the correct information on the appropriate line. (Name Changes must be accompanied by copy of marriage license, divorce decree, other legal document, or Notarized Affidavit available from this office or from the Board's Website.)
- Complete questions 1 through 10. (Questions 6 and 7 are voluntary disclosure information and responses are optional.)
- Attest, by affixing your signature to the application, that you hold a current national certificate or that you are exempt from this requirement (IDAPA 23.01.01.300.08.). Indicate the expiration date of the certification.
- Complete the enclosed Continuing Education Activities Report (or provide the same information on a form of your choice). Do NOT submit copies of validation materials regarding the continuing education unless instructed to do so.
- **Affix your signature to the application.**

The Criteria for APPN Continuing Education was adopted by the Board in February 1999. The criteria require that:

- a. The provider of continuing education must be:
 - 1) a nationally recognized nursing organization; or
 - 2) an accredited academic institution; or
 - 3) a provider of continuing education recognized by another board of nursing; or
 - 4) a provider of continuing education recognized by a regulatory body of another discipline (e.g. CME, CPE, telemedicine); or
 - 5) approved by the Board of Nursing.
- b. Content must be related to the practice of the APPN.
- c. Acceptable CE activities will include activities identified in 'a' above and in addition, may include:
 - 1) participation as the presenter of approved continuing education programs (presenting continuing education may not be your primary job responsibility);
 - 2) participation in related professional activities including but not limited to research, published material, teaching, peer review, precepting and professional auditing. (A total of no more than three (3) contact hours may be awarded for related professional activities.)
- d. Evidence of documentation of completion of the continuing education activity. (e.g. transcript, certificate, verification letter, etc.)

**IDAHO BOARD OF NURSING
PEER REVIEW POLICY
Adopted 11/11/04**

Peer Review is:

- **A process that measures on-going practice competency of the advanced practice nurse (APPN).** *Peer review is the “systematic process” by which one assesses, monitors and makes judgments about the quality of care provided to patients by other peers as measured against established standards of practice” (ANA, 1983)*
- **Performed by a licensed APPN, Physician, PA or other professional certified by a recognized credentialing organization.** *It is important that the person that performs the review is knowledgeable of the standards of care required by the clients seen. A peer is a health professional with similar but not necessarily identical training or experience*
- **Focused on a mutual desire for quality of care and professional growth incorporating attitudes of mutual trust and motivation.** *The overall purpose is to improve client outcomes by encouraging nurse provider competency. It should have the positive effect of stimulating personal and professional development and challenge the nurse to think critically about his practice.*

Peer Review shall:

- **Reflect nationally recognized standards of care.**
- **Provide evidence of competence.** *It should focus on a mutual desire for quality of care and professional growth, incorporating attitudes of mutual trust and motivation. It should not be used to take privileges or personnel actions or as an annual employment review. Participants need to agree to be objective and to give and take constructive evaluation.*
- **Include one or more of the following peer review processes:**
 - **Clinical rounds**
 - **On-site peer collaboration**
 - **Retroactive records review**
 - **Other appropriate processes as defined by the APPN and approved by the Board***It is important to establish how the process will be done. A written policy, contract or verbal agreement will identify how this will be done. If the process is clinical rounds, than how often will this be done and how many clients will be reviewed? An on-site peer collaboration or retroactive records review process should define how often it will take place and the number of client charts that will be reviewed.*
- **Provide evidence that issues identified in the peer review process have been/are being appropriately addressed.** *The process should be able to facilitate early identification of quality issues or concerns. A record of review with issues that were identified should be available. Discussion of forms and a best practice model are available on the Board web site at www.idaho.gov/ibn.*

Completion of a peer review process will be evidenced by:

- **Checking ‘Yes’ on Question 10 and your signature on the renewal application.**
- **APPN supporting documentation at the request of the Board, e.g., signed peer statement, reports/records, peer contract, institutional policy, etc.**
- **Demonstration/documentation available at on-site practice**

(Board Policy in BOLD type)

CE _____

APPN # _____

RN #: _____

IDAHO BOARD OF NURSING
PO Box 83720 ♦ Boise, Idaho 83720-0061 ♦ (208) 334-3110 ext. 2500

**RENEWAL APPLICATION
ADVANCED PRACTICE PROFESSIONAL NURSE (APPN)
2011-2013**

Please Print:

Name: _____

Address _____

City/State Zip _____

For office use only	
Certificate No.	_____
Check <input type="checkbox"/>	Cash/MO <input type="checkbox"/>
Date Rec'd	_____
RN License Issued	_____
APPN License Issued	_____
Approval	_____
Date App'd	_____

Mail completed application with the \$90.00 fee to the Board of Nursing no later than August 31, 2011. (Mailing of licenses renewed by personal check will be delayed for ten (10) days to allow for bank processing of the check.) The amount due will be \$125.00 if the application is post-marked after August 31, 2011. **In order to renew your Advanced Practice Professional Nurse License, you must also renew your professional nurse (RN) license (unless residing in Compact state). Applications will be returned if incomplete or the incorrect fee is submitted.**

Indicate changes in name and/or address:

(Name Changes must be accompanied by marriage license, divorce decree, other legal document, or Notarized Affidavit available from this office or Website.)

- Category of Licensure:

<input type="checkbox"/> Certified Nurse-Midwife	<input type="checkbox"/> Clinical Nurse Specialist
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Registered Nurse Anesthetist
- I am practicing as an APPN: Full-time Part-time, or I am: Not Practicing
- I am practicing: In-State Out-of-State Both
- Primary Practice Setting:

<input type="checkbox"/> Health Care Institution (hospital, nursing home, etc.)
<input type="checkbox"/> Government outpatient clinic
<input type="checkbox"/> Private outpatient clinic
<input type="checkbox"/> Physician-owned practice
<input type="checkbox"/> Non-physician-owned practice
<input type="checkbox"/> Other (specify) _____
- Specialty Areas of APPN Practice: (mark all that apply):

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Adult Care	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Gerontology
<input type="checkbox"/> Midwifery	<input type="checkbox"/> Neonatology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psych/Mental Health
<input type="checkbox"/> School Nsg	<input type="checkbox"/> Women's Hlth	<input type="checkbox"/> Critical Care/CCU	<input type="checkbox"/> Other (specify) _____	

Continued on reverse

continued...

6. *Gender: Female Male
7. *Ethnicity: Caucasian African American/Black
 Hispanic American Indian/Alaska Native
 Asian/Pacific Islander Multi-Racial
 Other _____

*Voluntary disclosure information – response optional

Please [X] the appropriate box pertinent to your practice

8. Continuing Education/Practice Hours:
- a. Yes No I have completed thirty (30) contact hours of continuing education that meet Board established criteria during the renewal period.
- b. Yes No I have completed ten (10) contact hours of approved pharmacology-related continuing education during the renewal period. (Required for APPN with prescriptive authority.)
- c. Yes No I have practiced a minimum of two hundred (200) hours of advanced practice professional nursing during the previous renewal period.
9. Current Certification:
- I can provide evidence of current national certification issued by _____ upon request. Current expiration date _____
- I am exempt from national certification in accordance with IDAPA 23.01.01.300.08
10. **CNM, CNS, NP Licensees only:**
- Yes No I have participated in a Peer Review process that meets Board-established criteria.

My signature affixed below attests that the information provided in this application for renewal of my advanced practice professional nurse licensure is true and correct to the best of my knowledge.

Signature _____

Date _____

