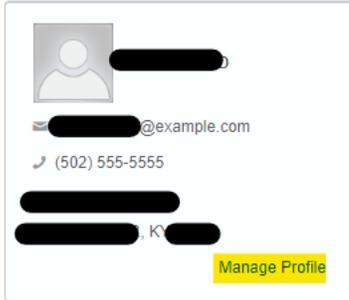




www.kbn.ky.gov

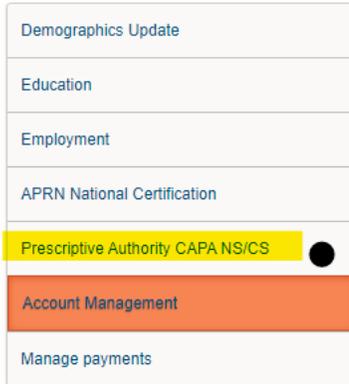
REQUESTING TO CHANGE PRESCRIPTIVE AUTHORITY ON FILE WITH KBN (CURRENTLY HOLD OR PREVIOUSLY HELD PRESCRIPTIVE AUTHORITY)

- Log in to your KBN Nurse Portal account:
 - <https://kybn.boardsfnursing.org/kybn>
- Select Manage Profile
 - This is located on the upper left corner of the Nurse Portal Dashboard.



- Select Prescriptive Authority CAPA NS/CS:

Manage Profile



- Select Edit:



Your Licenses with Kentucky						
License Number	License Type	Compact Status	License Granted Date	License Expiration Date	License Status	Prescriptive Authority CAPA NS/CS
[REDACTED]	APRN-CRNA	N/A	[REDACTED]	Oct 31, 2023	Active-APRN KYRN	Edit

License data provided by the Kentucky State Board of Nursing

- If you need to add a physician for a CAPA-NS or CAPA-CS, select Edit next to Prescriptive Authority:

Prescriptive Authority CAPA NS/CS Number:

License Number	██████████	License Type	APRN-CNP	License Status	Active-APRN KYRN
Granted Date	██████████	Expiration Date	██████████		

Prescriptive Authority Edit

Population Focus	Family/Individual across the lifespan	Expiration Date
Status	Active	Original Issue Date

Collaborative Agreement - Active ██████████

Active Documents

No active documents available

Site Name	Site Address	Start Date	Status
No site(s) available			

Physician Name	Physician License Number	Physician Practice Specialty	Physician Address	Start Date	Status
██████████	██████████	██████████	██████████	██████████	Active
██████████	██████████	██████████	██████████	██████████	██████████

- Prescriptive Authority Changes Application opens.
- Review Instructions
 - Select Next
- Application Type
 - Verify this the application you are wanting to submit.
 - Select Save and Continue.
- General Information
 - Verify your Name and Contact Information
 - If you need to make an update to your name, you will go to the Nurse Portal Dashboard.
 - Go to the bottom of the dashboard to Other Applications and select Apply.
 - Select the ALL LICENSES (EXCEPT SRNA) – Request a Name Change application.
 - If you need to make a change to your address, you will go to the Nurse Portal Dashboard.
 - Select Manage Profile.
 - Select Demographics Update.
 - Follow the steps to select Primary State of Residence and update address.
 - If information is correct, select Save and Continue.
- Prescriptive Authority
 - CAPA-NS Request
 - If you are wanting to request CAPA-NS with a different physician, follow the steps below:
 - Select the radio button CAPA-NS
 - Select +Add Collaborative Information
 - Fill in the Practice Information
 - If you are requesting for more than one physician, then select +Add Physician
 - Repeat the steps to fill in the practice information.

- If you are **NOT** requesting a change or adding a CAPA -CS, click Save and Continue.
 - Go to the bottom of these notes to:
 - ‘Preview and Submit Application.’
 - If you are requesting CAPA-CS or want to make a change (add different physician) to a current CAPA-CS on file, follow the steps outlined below.
 - CAPA-CS Request
 - If you are requesting CAPA-CS for the first time and have or have held a CAPA-NS with KBN (active or inactive) **OR**
 - If you currently hold a CAPA-CS and you are wanting to request a CAPA-CS with a different physician, follow the steps below:
 - Select the radio button CAPA-CS
 - Select +Add Collaborative Information
 - Fill in the Practice Information
 - If you are requesting for more than one physician, then select +Add Physician
 - Repeat the steps to fill in the practice information.
 - Go to the box titled Controlled Substance Authority:
 - Within the box, select the Yes radio button to ‘Are you requesting Controlled Substance Authority’?
 - Select the Prescriptive Privileges for Controlled Substances.
 - Enter KASPER Master Account Number:
 - Enter the account number first followed by the word Master.
 - Do not include spaces or special characters.
 - For example:
 - Account Number 12345 and Account Type Master
 - Enter 12345Master
 - Enter DEA Number
 - Enter Expiration Date
 - If you have more than one Kentucky DEA, you may select +Add Additional DEA Number
 - Follow same steps for entering expiration date.
 - Upload Required
 - Select Upload Link to upload a copy of:
 - KASPER Master Account Verification Form
 - DEA Registration
 - Select Save and Continue.

Control Substance Authority

The Control Substance Authority is only applicable to APRNs who submit the CAPA-CS request.

You must upload a copy of your current:

- KY DEA certificate AND
- KASPER Master Account Verification form.

Are you requesting Controlled Substance Authority? Yes No

Please select the Prescriptive Privileges for Controlled Substances

Schedule I

Schedule II

Schedule IIN

Schedule III

Schedule IIIN

Schedule IV

Schedule V

KASPER Number (required)

DEA Number (required)

DEA Issue Date

DEA Expiration Date (required)

[+ Add Additional DEA Number](#)

Upload DEA certificate and KASPER Master Account Verification form (required)

[Upload](#)

- Preview and Submit Application
 - Review information entered.
 - Read the attestation statement at the bottom of the page.
 - Be sure to select the box to attest to the attestation statement.
 - Select Submit.