



[www.kbn.ky.gov](http://www.kbn.ky.gov)

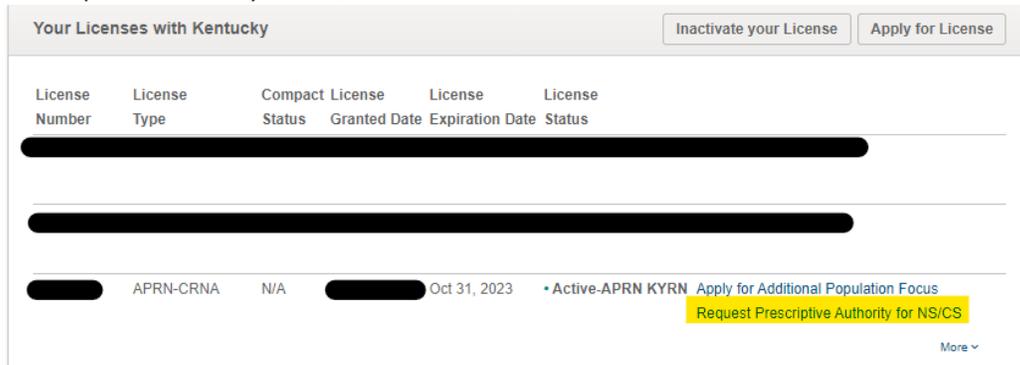
### PRESCRIPTIVE AUTHORITY (CAPA-NS/CAPA-CS INSTRUCTIONS)

In order to request prescriptive authority for a CAPA-NS or CAPA-CS, you will do so through your Kentucky Board of Nursing (KBN) Nurse Portal account.

Please note, the Kentucky Board of Nursing Nurse Portal works best on Windows desktop PC or laptop in Chrome or Microsoft Edge. **Mobile devices are not supported** (for example: phones, iPads, tablets).

### REQUESTING PRESCRIPTIVE AUTHORITY FOR THE FIRST TIME

- Log in to your KBN Nurse Portal account.
  - <https://kybn.boardsfnursing.org/kybn>
- On your Nurse Portal Dashboard, next to your APRN License, you will see a link titled ‘Request Prescriptive Authority for NS/CS’.



- Select the link.
- 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
    - 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 CAPA -CS, click Save and Continue.
    - If you are requesting a CAPA-CS, follow the steps outlined below.
  - CAPA-CS Request
    - 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.

- 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.