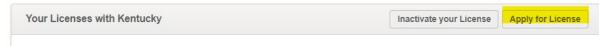**KENTUCKY BOARD OF NURSING**

www.kbn.ky.gov

APRN – APPLICATION FOR AUTHORIZATION TO PROVIDE WRITTEN CERTIFICATIONS FOR THE USE OF MEDICINAL CANNABIS INSTRUCTIONS

In order to apply for authorization to provide written certifications for the use of medicinal cannabis, you will submit the application through your Kentucky Board of Nursing (KBN) Nurse Portal account.

- **NOTE:** You must meet the following application requirements:
    - Active APRN license.
    - Must have DEA registration on file with KBN.
        - If not on file, APRN will be required to submit a copy of DEA registration certificate in nurse portal.
    - Must have PDMP (KASPER) Master Account verification form on file with KBN.
        - If not on file, APRN will be required to submit a copy of the PDMP (KASPER) Master Account verification form in nurse portal.
    - Completion of continuing education required set forth 201 KAR 20:067 Section 6(1).
        - APRN shall have completed within the immediate twelve (12) months a one (1) time requirement of six (6) contact hours in the following subjects:
            - (a) Diagnosing qualifying medical conditions;
            - (b) Treating qualifying medical conditions with medicinal cannabis;
            - (c) The pharmacological characteristics of medicinal cannabis and possible drug interactions; and
            - (d) Indications of cannabis use disorder.
        - APRN will attest to the completion of the application and submit.

- Application is valid for six months.
    - If requirements are not met within six months, your application will expire, and you will have to start the process over again.

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).*

- Log in to your KBN Nurse Portal account.
    - https://kybn.boardsofnursing.org/kybn

- At the top of the Nurse Portal Dashboard:
    - Select 'Apply for License'.

APRN – Application for Authorization to Provide Written Certifications for the Use of Medicinal Cannabis Instructions

- o Select 'APRN – Application for Authorization to Provide Written Certifications for the Use of Medicinal Cannabis' application.
  - ▪ Select 'MC'

Licenses and Applications with Kentucky

▾ APRN - Application for Authorization to Provide Written Certifications for the Use of Medicinal Cannabis

APRN - Application for Authorization to Provide Written Certifications for the Use of Medicinal Cannabis
- • MC

- o
  - • Review instructions.
    - o Select 'Next'.

- o Application Type
  - ▪ Verify this the application you are wanting to submit.
    - • Answer questions listed:
      - o 1) I have a Drug Enforcement Administration registration and a current registration certificate is on file with the board. (required) Yes/No
        - ▪ Yes – Proceed.
        - ▪ No – Send message to topic 'APRN' in nurse portal message center to submit copy of DEA.
      - o 2) I have an active account with the current electronic Prescription Drug Monitoring Program (PDMP) system for monitoring scheduled controlled substances and medicinal cannabis currently in use in Kentucky pursuant to KRS 218A.202. (required)
        - ▪ Yes – Proceed.
        - ▪ No – Send message to topic 'APRN' in nurse portal message center to submit copy of KASPER Master Account Verification Form.
      - o 3) Please provide the Practice Name for the location where you will be issuing the written certifications for medicinal cannabis. (required)
        - ▪ Enter name of practice.
      - o 4) Please provide the Practice Street Address. (required)
        - ▪ Enter practice address.
      - o 5) Please provide the Practice City. (required)
        - ▪ Enter practice city.
      - o 6) Please provide the Practice State. (required)
        - ▪ Enter practice state.
      - o 7) Please provide the Practice Zip Code. (required)
        - ▪ Enter practice zip code.
      - o 8) Please provide the Practice Phone Number (format: XXX-XXX-XXXX) (required)
        - ▪ Enter practice phone number.
    - • Select 'Save and Continue'.

- General Information
  - Verify your Name and Contact Information
    - If your name is different than what is currently displayed, please go to the Nurse Portal Dashboard and go to the bottom of the dashboard and choose Apply by Other Applications.
      - You will then choose ALL LICENSES (EXCEPT SRNA) - Request a Name Change and submit the name change request.
    - If you have an address change, you will need to submit through the Manage Profile link on the upper left corner of your Nurse Portal Dashboard located in the box above the message center.
  - If information is correct, select 'Save and Continue'.

- Eligibility Questions
  - Answer questions related to criminal and disciplinary history.
    - 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 button to 'Make Payment'.
    - After payment has been made, select 'Finish'.
- APRNs that have met the requirements set forth in 201 KAR 20:067 may be issued an authorization to provide written certifications for the use of medicinal cannabis.
  - The authorization will be valid through the APRN's expiration date.
    - There will be a notification placed on the License Verification Portal stating:
      - **Authorized to Provide Written Certifications for the Use of Medicinal Cannabis**

- Once the authorization has been issued, it may be validated in the nurse portal and the online validation portal: https://kbn.ky.gov/Licensure/Pages/Verification.aspx