The American Association of Neuroscience Nurses (AANN) has been given this space on the CSNS web site to promote the exchange of information between Organized Neurosurgery and Neuroscience Nursing. To that end, I will be submitting answers to questions submitted by members of organized Neurosurgery.

Just what is a Nurse Practitioner (NP)?

The quick answer is that a NP is Registered Nurse (RN) with advanced education and training who is licensed to provide both medical and nursing care. Now the REAL answer is, of course, much more complicated. I will briefly outline the educational, certification, and licensure requirements for NPs.

With the exception of some NP’s who have been grandfathered, all NP’s have to (1) be a Registered Nurse, (2) have a minimum of a Master’s Degree, (3) pass a national certification in a NP Sub-Specialty and (4) be licensed through the state in which they practice.

Educational preparation:

All NPs must have at least a Master’s level preparation. This preparation includes advanced course work in Physiology/Pathophysiology, Pharmacology, and Physical Assessment. Starting in 2015, the American College of Nurse Practitioners has mandated that all new NP’s will be required to receive a Doctorate of Nursing Practice (DNP) degree for entry into practice.

There are considerable variations between many of the schools that are preparing NP’s. However, most programs prepare NP’s in a well rounded, balanced program, that teaches the NP to be a generalist. For example, in my program, I gained proficiency in the acute management of adult patients – not just those with neurological illness.

Certification:

Once a Registered Nurse has been awarded a Master’s degree, the nurse must take a written certification examination. The specific requirements for the exam vary by sub-specialty. The major recognized NP sub-specialties that have national certification examinations are:

- Acute Care Nurse Practitioner
- Neonatal Nurse Practitioner
- Pediatric Nurse Practitioner
- Adult Nurse Practitioner
- Geriatric Nurse Practitioner
- Family Nurse Practitioner
- Women’s Healthcare Nurse Practitioner
- Occupational Health Nurse Practitioner
- Psychiatric Mental Health
- School Nurse
In addition to the above list, there are two additional categories of Advanced Practice Nurses (APN) who have a clinical patient management role:

- Certified Nurse Midwives
- Certified Registered Nurse Anesthetists

Licensure:

Once a RN has received a Master’s degree, and achieved national certification within a sub-specialty, then the RN can apply for licensure. The specific requirements for licensure and scope of practice for the NP have considerable variation state-by-state.

Each state has a set of statutes and regulations that outline the Scope of Practice for an NP, as well as the extent of an NP’s ability to prescribe medications. Unfortunately, there is considerable variability between states. In my area, I could work in Maryland, Washington DC, and Virginia. In Maryland, I have to have a written agreement that outlines my practice in collaboration with a physician, and allows my independent practice as long as I stay within the bounds of the agreement. I can prescribe all Schedule II – V medications independently. I am also licensed in Washington, DC. In DC, I do not have to have any professional relationship with a physician, and I can prescribe all Schedule II – VI medications independently. I am not licensed in Virginia, but if I were, I would have to have a set of written treatment protocols. In addition, the supervising physician must audit the NP’s prescribing practice, and the NP is limited to prescribing schedule III-V medications.

For a more detailed survey of NP practice parameters with a state-by-state description, please see the Pearson Report at [http://webnp.net/ajnp.html#](http://webnp.net/ajnp.html#)

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