

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 12 NURSING AND HEALTH CARE RELATED PROVIDERS
PART 17 ADVANCED PRACTICE REGISTERED NURSE (APRN) LICENSURE

16.12.17.1 ISSUING AGENCY: New Mexico Board of Nursing.
[16.12.2.1 NMAC - N, 1/1/2026]

16.12.17.2 SCOPE: This rule applies to all advanced practice registered nurses licensed in New Mexico who have a valid registered nurse license, or a valid multi-state license privilege as provided in the nurse licensure compact.
[16.12.2.2 NMAC - N, 1/1/2026]

16.12.17.3 STATUTORY AUTHORITY: Section 61-3-1 NMSA 1978 authorized the board of nursing to regulate the practice of nursing in the state.
[16.12.2.3 NMAC - N, 1/1/2026]

16.12.17.4 DURATION: Permanent.
[16.12.2.4 NMAC - N, 1/1/2026]

16.12.17.5 EFFECTIVE DATE: January 1, 2026, unless a later date is cited at the end of a section.[16.12.2.5 NMAC - N, 1/1/2026]

16.12.17.6 OBJECTIVES: To promote, preserve and protect the public health, safety and welfare of the citizens of the state of New Mexico.
[16.12.17.6 NMAC - N, 1/1/2026]

16.12.17.7 DEFINITIONS: [RESERVED]

16.12.17.8 FEES: Payment of fees will be accepted in the form specified by the board. The initial license application fee will be for a period of one year, plus the months to the applicant's birth month. Fees will be collected in full to commensurate with the length of the renewal period. Fees are not refundable.

- A. Licensure by examination, expedited, or endorsement:**
 - (1) Advanced practice: CNP/CCNS/CRNA \$100
 - (2) Licensure for military personnel, spouse, dependent, or veteran \$0
- B. License renewal:**
 - (1) Advanced practice: CNP/CCNS/CRNA \$110
 - (2) First renewal of license for military personnel, spouse, dependent, or veteran \$0
- C. Inactive license renewal (late renewal, lapsed status, reactivation, reinstatement after board action) includes renewal fee:** advanced practice: CNP/CCNS/CRNA \$200
- D. Other Fees:**
 - (1) Temporary license CNP/CCNS/CRNA \$60
 - (2) License verification \$30

[16.12.17.8 NMAC - N, 1/1/2026]

16.12.17.9 REQUIREMENTS FOR LICENSURE, RELICENSURE OR REACTIVATION:

A. Applicants for licensure, relicensure and reactivation must meet CE requirements as stated in these rules, pursuant to the Nursing Practice Act Section 61-3-24 NMSA 1978. The CE may be prorated to commensurate with the length of the renewal period.

(1) Advanced practice registered nurses shall be required to complete the renewal process by the end of their renewal month every two years.

(2) A renewal notice shall be sent electronic notification to the licensee at least six weeks prior to the end of the renewal month.

(a) Renewal of license may be accepted no more than 60 days prior to the expiration

date of the license.

(b) The board shall not approve an application for renewal of the advanced practice registered nurse license until the applicant provides the following information:

(i) demographics, including race, ethnicity and primary and other languages spoken;

(ii) practice status, including but not limited to active practices in New Mexico and other locations; practice type, practice settings, such as hospital, clinic or other clinical settings;

(iii) education, training and primary and secondary specialties;

(iv) average hours worked per week, and the average number of weeks worked per year in the licensed profession;
percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration in the licensed profession;

(v) practice plans for the next five years, including retiring from the health care profession, moving out of state or changing health care work hours.

(c) Failure to receive notice of pending renewal shall not relieve the licensee of the responsibility of renewing the license by the expiration date.

(d) If the license is not renewed by the end of the renewal month, licensee does not hold a valid license and shall not practice nursing in New Mexico until the lapsed license has been reactivated.

(e) A reactivation fee will be charged when the license has lapsed.

(f) Exception: if renewing, nurses who are mobilized for active duty are not required to renew their license while on active duty, other than training, during a military action. A copy of the mobilization orders must be submitted to the board office prior to the expiration of the license. The license extension shall end one month after deployment is concluded. No reactivation fee will be charged when the license is renewed.

(3) Thirty hours of approved CE must be accrued within the 24 months immediately preceding expiration of license. CE may be prorated to commensurate with the length of the renewal period.

(a) Advanced practice registered nurses must submit a copy of valid APRN national certification. The national certification meets the requirement for RN and APRN continuing education.

(b) Exception: if renewing, nurses mobilized for military action are not required to meet the CE requirements while on active duty, other than training, during a military action. A copy of the mobilization order must be submitted along with the renewal application.

(4) Individuals who reside out-of-state who do not hold primary residence in a nurse licensure compact state, but wish to maintain a current, valid New Mexico license, must meet the same requirements for licensure as licensees residing within the state who have declared New Mexico as their primary residence.

(5) Penalty: failure of licensee to meet the CE requirement for licensure shall result in the license not being renewed, reinstated, or reactivated. When the CE requirement has been met, an application for licensure may be submitted for consideration.

(6) Licenses can be verified on the board website or www.nursys.com.

(7) Individuals who are reactivating an APRN license which has been lapsed for four or more years must complete a refresher course that includes both a didactic and clinical component designed to prepare a nurse who has been out of practice to re-enter into practice.

(a) Applicants will follow the criminal background check process required by the New Mexico department of public safety or its agent and have a new criminal background check result approved.

(b) A temporary license will be issued not to exceed six months unless the board of nursing approves an extension to allow the individual to complete the refresher course clinical component. If documentation is not received by the board verifying successful completion of the refresher course prior to the temporary license expiration date, the individual will not be allowed to practice nursing.

(c) Advanced practice registered nurses who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their specific advanced practice knowledge, skills and expertise. A temporary license will be issued not to exceed one year unless the board of nursing approves an extension.

B. Reactivation/reinstatement of a lapsed license must meet the requirements for re-licensure, to include a background check if lapsed for over 90 days, pursuant to the Nursing Practice Act and these rules. A reactivated or reinstated license shall be valid for up to two years.

C. The board will collect a standardized core essential data set as required in regulation for examinations and renewals which will be entered into the internal licensing database at the board of nursing.

16.12.17.10 CONTINUING EDUCATION:

A. Introduction:

(1) Pursuant to the provision of the Nursing Practice Act, the board of nursing prescribes the following regulations establishing requirements for CE to be met by the licensee to protect the health and well-being of the citizens of New Mexico and to promote current nursing knowledge and practice.

(2) Philosophy of CE: The members of the New Mexico board believe that CE is one of the most important responsibilities of the nurse and is a lifelong process. The primary responsibility for CE rests with the individual nurse. A diversity of nursing-related learning activities is recommended to enhance the scope of professional development.

B. Requirements and rules:

(1) Records:

(a) All licensees must indicate compliance with the CE required by these rules on the renewal application. All information must be completed as requested.

(b) Licensees are responsible for maintaining their own CE records and for keeping the certificates of verification of attendance of CE activities for at least one year after the license is renewed. Photocopies of certificates must be submitted to the board office only if audited and requested.

(2) CE Audit:

(a) Continuing education records are subject to audit by the board.

(b) Licensee may be subject to disciplinary action by the board if non-compliant within 60 days of the first notification of audit.

(c) When audited, CE may be prorated to commensurate with the length of the renewal period.

C. Approved continuing education: To be acceptable in New Mexico, the CE activity must have been approved by a recognized approval body and must enhance the licensee's scope of professional development as related to his/her activities in nursing. The participant must receive a certificate of attendance which validates the number of approved CE hours awarded, name of the participant, sponsoring agency, approval body and date attended. Correspondence courses, home-study programs, and online courses are acceptable, if approved.

(1) Recognized approval bodies for CE for nurses.

(a) National or state recognized nursing organizations.

(b) Other state boards of nursing.

(c) New Mexico board-approved local monitoring systems.

(2) Other CE which may be accepted as approved CE for nurses:

(a) academic credit, computation: one academic credit equals 15 contact hours;

(b) CE units (CEUs) or contact hours awarded by CE divisions within educational institutions of higher learning;

(c) educational offerings approved through other generally recognized health care or professional organizations as related to licensee's nursing practice.

D. Certification or recertification in the advanced practice registered nursing specialty is granted by a national professional organization which uses criteria designed to recognize competence in a specialized area of nursing practice may be used as an approved CE.

[16.12.17.10 NMAC - N, 1/1/2026]

16.12.17.11 STANDARDS OF NURSING PRACTICE:

A. The APRN based on their registered status shall maintain individual competence in nursing practice, recognizing, and accepting responsibility for individual actions and judgments.

(1) Competent nursing practice requires that the advanced practice registered nurse has the knowledge and skills to practice nursing safely and properly in accordance with their licensure status and to perform specific functions or procedures required in their particular area of practice. Competent nursing practice also requires that the advanced practice registered nurse has the knowledge to recognize and respond to any complication(s) which may result from the function or procedure the advanced practice registered nurse performs.

(2) To maintain the requisite knowledge and skills, the APRN shall engage in CE specific to their national certification population foci.

(3) The APRN shall use individual competence as a criterion in accepting assigned responsibilities.

(4) The APRN contributes to the formulation, interpretation, implementation and evaluation of the objectives and policies to nursing practice within their employment setting.

B. The APRN shall assign/delegate to licensed and unlicensed persons only those nursing actions which that person is prepared, qualified or licensed or certified to perform.

(1) The APRN is accountable for assessing the situation and is responsible for the decision to delegate or make the assignment.

(2) The delegating APRN is accountable for each activity delegated, for supervising the delegated function or activity, and for assessing the outcome of the delegated function or activity.

(3) The APRN may not delegate the specific functions of nursing assessment, evaluation and nursing judgment to non-licensed persons.

C. The APRN shall have knowledge of the laws and rules governing nursing and function within the legal boundaries of nursing practice.

(1) The APRN must report incompetent and unprofessional conduct to the appropriate authorities.

(2) The APRN must report violations of the Nursing Practice Act and administrative rules of the board of nursing to the board of nursing.

D. The APRN shall recognize the dignity and rights of others regardless of social or economic status and personal attributes, shall conduct practice with respect for human dignity, unrestricted by considerations of age, race, religion, sex, sexual orientation, national origin, disability or nature of the patient/client's health problems.

E. The APRN acts to safeguard the patient when their care and safety are affected by incompetent, unethical, or illegal conduct of any person by reporting the conduct to the appropriate authorities.

F. The APRN safeguards the patient's right to privacy by judiciously protecting information of a confidential nature, sharing only that information relevant to their care.

G. The APRN shall identify themselves by name and licensure category and shall provide their license number when requested. Additionally, this includes identification of themselves based on their license as verified by the state or national database. In a clinical setting, a nurse who has earned a doctoral degree may use the title of doctor but must also simultaneously include their licensure category and education.

H. Standards for professional advanced practice registered nurse practice. APRNs practice in accordance with the definition of professional registered nursing in the NPA. Subsection J of Section 61-3-3 NMSA 1978.

(1) APRNs may assume specific functions and perform specific procedures which are beyond their formal APRN nursing preparation of a particular population foci Subsection J of Section 61-3-3 NMSA 1978 provided the knowledge and skills required to perform the function and procedure emanates from a recognized body of knowledge and practice of nursing, and the function or procedure is not prohibited by any law or statute:

(a) emerging functions and procedures that do not emanate from a nursing body of knowledge will require national certification from a recognized body to denote mastery and assess competency as the APRN is recognized as being certified;

(b) certificates of course completion are not evidence of mastery nor evidence of competency.

(2) When assuming specific functions and performing specific procedures, which are beyond the APRNs educational preparation, the APRN is responsible for obtaining the appropriate knowledge, skills and supervision to assure they can perform the function/procedure safely and competently:

(a) administration of medication for the purposes of moderate sedation and analgesia requires particular attention;

(b) an APRN shall possess specialized nursing knowledge, judgment, skill and current clinical competence to manage the nursing care of the patient receiving moderate sedation including:

(i) being currently trained with demonstrated proficiency in age-appropriate advanced life support, including but not limited to; advanced cardiac life support (ACLS), Pediatric advanced life support (PALS), Neonatal resuscitation program (NRP);

(ii) knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition, oxygen delivery, respiratory physiology, transport and uptake and the use of an oxygen mask, bag-valve mask, oral airway, nasal airway adjunct, or the maintenance of a supraglottic airway, or endotracheal tube;

(iii) ability to recognize emergency situations and institute emergency procedures as appropriate to the patient condition and circumstance.

(c) To perform moderate sedation an APRN:

(i) shall not have other responsibilities during or after the procedure that

would compromise the advanced practice nurse's ability to adequately monitor the patient during moderate sedation/analgesia;

(ii) shall assess the physical setting for safe administration of medications for sedation and proceed only if the resources needed for reasonable anticipated emergencies are available;

(iii) shall ensure that a qualified airway specialist is immediately available during and after the procedure for respiratory emergencies. Immediately available meaning being present in the facility, in the vicinity of the care being administered, and not otherwise engaged in any other uninterruptible procedure or task:

(iv) a qualified airway specialist is trained in and maintains a current competency in endotracheal intubation, such as but not limited to a CRNA, anesthesiologist, emergency physician, paramedic, respiratory therapist or a flight team registered nurse;

(v) shall decline to administer medications classified as sedatives or other medication if the APRN assesses the administration of sedatives or other medication would be unsafe under the circumstances;

(vi) shall maintain adequate oxygenation and ventilation via an appropriate method.

(e) Administration of anesthesia is restricted to an anesthesia provider; pursuant to Section 61-3-6 NMSA 1978.

H. Educational program criteria. Educational programs preparing the APRN to perform specific functions and procedures that are beyond the basic APRN educational preparations should:

- (1) prepare the APRN to safely and properly perform the function and procedures;
- (2) prepare the APRN to recognize and respond to any complication(s) which may result from the procedure, and;
- (3) verify the APRN's knowledge and the ability to perform the specific functions and procedures.

I. Prescribing and treating oneself, family, or intimate friends:

(1) Good clinical practice indicates that APRNs should not treat themselves, members of their own families, or intimate friends. In extenuating circumstances, (excluding controlled substances), it may be acceptable to do so for a limited time:

(a) In emergency situations or isolated situations where no other qualified provider is available, APRNs should not hesitate to treat themselves or family members until another provider becomes available.

(b) In urgent situations, such as a rural setting, where there is no other qualified provider available, this decision is not one of convenience, but necessity.

(c) In minor situations, for a short term, addressing problems that do not require controlled substances.

(2) Prescribing of controlled substances should be avoided:

(a) Standards of good clinical practice must be maintained. Accepted clinical standards include:

(b) The APRN prescribes within the population/setting/foci of their education/certification/experience/training.

(c) The clinical care provided must follow accepted standards and protocols.

(d) A complete history and physical examination with required documentation in the patient's healthcare record.

(e) The patient's primary care provider should also be notified at the earliest opportunity of such intervention to ensure continuity of care.

(3) Aside from these limited circumstances, it is strongly recommended that clinical care only be sought from an independent, objective provider.

[16.12.17.11 NMAC - N, 1/1/2026]

16.12.17.12 ADVANCED REGISTERED NURSING PRACTICE AND ARTIFICIAL INTELLIGENCE:

A. The nurse remains accountable for decisions, actions, and intervention derived from or involving artificial intelligence (AI) and is responsible for maintaining the standards of APRN practice.

(1) AI shall be considered a decision-support tool. It may augment, but must not replace, the clinical reasoning and judgment of the APRN.

(2) The APRN must demonstrate a basic understanding of AI technologies they use and an awareness that there may be inherent biases.
[16.12.17.12 NMAC - N, 1/1/2026]

16.12.17.13 ADVANCED PRACTICE ADVISORY COMMITTEE:

A. The board may appoint an APRN advisory committee to assist the board in regulating the advanced practice of nursing.

B. The committee shall assist and advise the board as requested in the review of issues related to the advanced practice of nursing.

C. The committee shall be composed of APRN representatives regulated by the board: CNP, CCNS, and CRNA licensees, representing diversity of roles, settings and geographic regions.

[16.12.17.13 NMAC - N, 1/1/2026]

16.12.17.14 CERTIFIED NURSE PRACTITIONER (CNP):

A. Requirements for licensure of nurse practitioners:

(1) Hold a current, unencumbered RN license from New Mexico or hold a compact multi-state RN license.

(2) Successfully complete a graduate level nursing program designed for the education and preparation of nurse practitioners as providers of primary, or acute, chronic, or long-term, or end of life health care.

(a) The program must be offered through an accredited institution of higher education or through the armed services.

(b) If the applicant is initially licensed by any board of nursing including the New Mexico board of nursing after January 1, 2001 the program must be at the master's in nursing level or higher.

(3) Applicants who do not hold a master's level or higher degree from a nurse practitioner program and were initially licensed by any board before January 1, 2001, must provide verification of NP licensure.

(a) The educational documentation shall verify the date of graduation, credentials conferred and number of supervised clinical hours as a nurse practitioner in the education program.

(b) The educational documents must reflect successful completion of graduate degree courses.

(c) Additional population foci can be added with transcripts from an accredited institution and a current national nurse practitioner certification.

(e) Multiple national certifications will be maintained under a single APRN license.

(4) Provide evidence of successful accomplishment of national certification as a nurse practitioner. Only national certification based on competency examination will be accepted for the APRN licensure.

(5) It is the responsibility of the applicant to provide documented evidence of their qualifications for licensure.

(6) Applicants who meet the minimum didactic and pharmacology requirements, but lack the required preceptorship, may be considered for licensure in New Mexico if the applicant provides satisfactory evidence of two years nurse practitioner experience in another jurisdiction.

(7) Nurse practitioners who will be requesting prescriptive authority must also comply with the requirements for prescriptive authority as outlined in these rules.

B. Procedure for licensure as a graduate nurse practitioner. The applicant seeking licensure as a nurse practitioner shall be responsible for providing proof of meeting the requirements for licensure.

(1) The applicant shall complete the New Mexico nurse practitioner licensure application and submit it along with all required documents in accordance with the instructions.

(2) Upon acceptance of the completed application and receipt of all required supporting documents, the file is reviewed for qualifications and compliance with the requirements.

(3) Applicants who do not meet the requirements for licensure may request or be requested to meet with the board or its designee.

(4) Nurse practitioners are not eligible to practice in New Mexico as a certified nurse practitioner until so licensed in accordance with the licensure procedures.

(5) The board may appoint nurse practitioners to the advanced practice advisory committee. These nurse practitioners will provide advice regarding licensure and practice of nurse practitioners.

C. Graduate nurse practitioners (GNP) permit-to-practice may be issued, upon written request, provided all requirements have been met except national nursing certification.

(1) GNPs must practice under the direct supervision of a New Mexico licensed provider in

the relevant specialty.

(2) GNPs may prescribe medications only under the direct supervision of a licensed CNP, CNS or a physician, in compliance with these rules. GNPs must fulfill the requirements in this section to prescribe controlled substances.

(3) GNP permits will be issued to the employer.

(4) A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor and the name of the prescription supervisor, is required from each employer. Upon change in employment, the new employer must send the board a letter of intent to employ. The board will then issue a permit to practice at the new place of employment. The permit will be issued directly to the new employment agency.

(5) The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GNP permit.

(6) GNP permits cannot be transferred or renewed.

(7) GNP permits expire on the date specified on the permit. Permits shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice as a GNP. It is the responsibility of the GNP to request that the national certifying organization notify the board of nursing of the results of the examination.

D. An initial license to practice as a CNP shall be issued only after receiving proof of national certification. Such proof must be submitted to the board directly from the certifying agency prior to the expiration of the permit or temporary license.

E. Expedited licensure for CNP's:

(1) The board will issue an expedited license to a qualified applicant based on prior licensure in an eligible jurisdiction other than New Mexico upon an applicant's submission of a complete application containing all of the following:

- (a) a completed and signed application form;
- (b) proof of current licensure in an eligible jurisdiction;
- (c) proof of good standing for the license held by the applicant in an eligible jurisdiction;
- (d) submission of fingerprints and other information necessary for a state and national background check; and
- (e) payment of the required application fee.

(2) An expedited license application shall not be deemed complete until the applicant has submitted, and the board's staff is in receipt of all of the materials required by Paragraph (1) of Subsection E of 16.12.17.14 NMAC including documentation from third parties.

(3) Upon submission of a complete application, the board's staff shall process the application and issue the expedited license to the applicant within 30 days unless the applicant has a disqualifying criminal conviction, or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978.

(4) If the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978:

- (a) the license may not be issued within 30 days of submission of the complete application;
- (b) the matter of the applicant's application shall be submitted to the board for consideration and action at its next available regular meeting; and
- (c) the board may vote to grant the application or refer the matter to its administrative prosecutor contemplating the ultimate denial of the application as provided by the board's rules.

(5) Renewal of expedited licenses:

(a) A licensee holding an expedited license may apply for license renewal beginning 60 days prior to expiration of the expedited license, as provided by the board's rules.

(b) Upon renewal, an expedited license shall become a regular single-state license.

(6) Eligible and ineligible jurisdictions:

(a) The board will accept expedited license applications on the basis of prior licensure in any jurisdiction within the United States except the following:

(i) Michigan, on the grounds that this jurisdiction does not participate in the coordinated licensure system for the purposes of discipline; and

(ii) Puerto Rico, on the grounds that this jurisdiction does not participate in the coordinated licensure system.

(b) The board will accept expedited license applications on the basis of prior

licensure in the following jurisdictions outside the United States: Canada.

F. Qualifications for licensure as CNP are pursuant to the Nursing Practice Act:

(1) Refer to Subsection A of 16.12.2.12 NMAC for licensure requirements.

(2) Disciplinary action taken or pending against a nursing license in another jurisdiction, or a conviction of a felony, may result in denial of a license.

G. An initial nurse practitioner license shall be valid until the last day of the applicant's birth month after the first anniversary of the initial license. For nurses from compact states, an NM advanced practice license will be issued with the same expiration date as the RN compact license. A letter of authorization will be issued to NPs who have RN multi-state licensure privileges from another nurse licensure compact state. Official verification to practice is located on the board website.

H. If the licensure process is not completed, the application becomes null and void 12 months after the date of application being received at the board.

I. Authorization to expand the scope of practice or who need recertification.

(1) A letter of authorization will be issued for the CNPs who through additional formal education have expanded their practice into another area of NP practice or who need practice hours to recertify provided all requirements have been met except national certification.

(2) A letter of verification of intent to provide a preceptorship, on official letterhead including the name of the practice preceptor and the name of the prescription preceptor must be submitted to the board of nursing.

(3) Practice must be under the direct supervision of a physician or licensed New Mexico CNP or CCNS in the specialty.

(4) Prescribing may be done only under the direct supervision of a licensed CNP or CCNS or a physician in compliance with these rules.

(5) A letter of authorization will be issued to the preceptor.

(6) A letter of authorization cannot be transferred, renewed or a duplicate issued.

(7) A letter of authorization will expire on the date specified.

(a) A letter of authorization shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice in that area. It is the responsibility of the CNP to request that the national certifying organization notify the board of the results of the examination. A letter of authorization may be valid for a period not to exceed two years.

(b) A letter of authorization shall be valid for six months for those applicants recertifying.

(c) A letter of authorization shall be issued for the prescriptive authority preceptorship. This letter will only be valid for the duration of the preceptorship expansion of scope of practice or recertification required hours of practice.

J. Maintaining licensure as a nurse practitioner:

(1) National certification: NPs must maintain national certification. A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal. Nurse practitioners licensed by the NM board, after December 2, 1985, are required to be nationally certified in their specialty.

(2) Continuing education:

(a) A CNP with DEA registration at any time during their most recent renewal period shall obtain five contact hours in the management of non-cancer pain, in addition to submitting a valid national certification as an APRN.

(b) A CNP without DEA must submit a valid national certification as an APRN.

K. Reactivation: To reactivate or reinstate licensure as a nurse practitioner, the nurse must provide evidence of meeting the CE requirements.

(1) NPs licensed by the board after December 2, 1985 must also provide evidence of current national certification.

(2) CNPs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

L. Nurse practitioner practice:

(1) The CNP makes independent decisions regarding the health care needs of the client and also makes independent decisions in carrying out health care regimens.

(2) The CNP provides primary or acute, or chronic, or long-term, or end of life health care to

meet the health care needs of individuals, families and communities in any health care setting.

(3) The CNP may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CNP provided the knowledge and skills required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions and performing specific procedures, which are beyond the CNP's advanced educational preparation and certification, the CNP is responsible for obtaining the appropriate knowledge, skills, and supervision to ensure he/she can perform the function/procedure safely and competently and recognize and respond to any complications that may arise.

(4) The CNP collaborates as necessary with other healthcare providers. Collaboration includes discussion of diagnosis and cooperation in managing and delivering healthcare.

(5) CNPs who have fulfilled requirements for prescriptive authority may prescribe and distribute dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act within their clinical specialty and practice setting.

(a) Requirements for prescriptive authority: In accordance with applicable state and federal laws, the CNP who fulfills the following requirements may prescribe and distribute dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act.

(i) Verifies 400 hours of work experience in which prescribing dangerous drugs has occurred within the two years immediately preceding the date of the application. Individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a licensed CNP, CCNS or physician. The preceptorship must be completed within six months, and a letter of authorization will be issued for the duration of the preceptorship.

(ii) In order to prescribe controlled substances, the CNP must provide the board of nursing with verification of current state-controlled substances registration and current DEA number, unless the CNP has met registration waiver criteria from the New Mexico board of pharmacy as provided under Subsection I of 16.19.20.8 NMAC. CNPs may not possess, prescribe or distribute controlled substances until they have both a current state-controlled substances registration and a current DEA registration.

(iii) Once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements. Prescription records: written, verbal or electronic prescriptions and orders will comply with state board of pharmacy and federal requirements. All prescriptions will include the name, title, address, and phone number of the prescribing advanced practice registered nurse.

(b) Distributing: CNPs, who have fulfilled requirements for prescriptive authority as stated in these rules, and defined by the board of pharmacy may distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act, which have been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act Section 61-11-12 NMSA 1978 and the Drug, Device and Cosmetic Act for the benefit of the public good.

(c) Labeling: CNPs may label only those drugs which the CNP prescribes and distributes to patients under the CNP's care. The medication shall be properly labeled with the patient's name, date of issue, drug name and strength, instructions for use, drug expiration date, number dispensed and name, address, and telephone number of the CNP. Labeling may be handwritten, or a pre-printed fill-in label may be used. All information shall be properly documented in the patient record.

(d) CNPs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

(e) CNPs may prescribe, provide samples of, and dispense any dangerous drug to a patient where there is a valid practitioner-patient relationship as defined in 16.12.2.7 NMAC.

(6) Graduate nurse practitioner (GNP) practice:

(a) GNPs may not distribute medications.

(b) GNPs may prescribe medications only under the direct supervision of a licensed CNP, CNS or physician in the specialty.

(7) To ensure competency and safe practice in specific regard to prescription writing practices in the state of NM:

(a) a list of current CNPs and their status regarding prescriptive authority shall be distributed at least annually and upon request to the board of pharmacy;

(b) violation of these rules or disciplinary action taken by the board of nursing regarding controlled substances shall be reported to the board of pharmacy;

(c) the board of nursing shall appoint qualified CNPs in each specialty to serve on the board of pharmacy disciplinary panel as requested by the board of pharmacy.

M. Supervision of psychologists in the prescribing of psychotropic medication by a certified nurse practitioner, pursuant to Section 61-3-23.5 NMSA 1978 and the Professional Psychologist Act (Section 61-9-1 et. seq. NMSA 1978).

(1) A CNP may provide supervision to a psychologist in the prescribing of psychotropic medication providing the CNP:

(a) holds a valid, unencumbered NM license as a CNP;

(b) holds a national certification as a psychiatric-mental health nurse practitioner.

An individual who holds a certification as a CNP conferred by a national nursing certification organization that is not an approved certification listed above may petition the board and request approval of the certification. The board shall review the petition and determine whether the certification and the petitioner's clinical practice experience sufficiently substantiate adequate education, didactic and clinical preparedness, and other factors that establish competency. The decision of the board is discretionary and shall not be subject to review or binding on any future petition.

(c) has a minimum of two years of experience prescribing as a psychiatric-mental health nurse practitioner

(d) is not currently participating in any board of nursing's alternative to discipline program, diversion program;

(e) is able to meet all requirements to serve as an independently licensed prescribing clinician as laid out in the Professional Psychologist Act (Section 61-9 NMSA 1978) and 16.22 NMAC; and

(f) performing the supervision is within the scope of practice of the CNP.

(2) Reporting obligations to the New Mexico board of nursing by a CNP providing supervision to a psychologist in the prescribing of psychotropic medication:

(a) within 15 days of entering into the supervising relationship with each psychologist being supervised. The notification shall consist of:

(i) the name and license number of the psychologist;

(ii) the date of entry into the supervising relationship;

(iii) the anticipated end of the supervising relationship.

(b) within 15 days of severing the supervisory relationship with a psychologist. The notification shall consist of:

(i) the name and license number of the psychologist;

(ii) the date of the end of the supervising relationship.

(3) A CNP who provides supervision to a psychologist in the prescribing of psychotropic medication must follow the Professional Psychologist Act (Section 61-9 NMSA 1978) and rules promulgated by the New Mexico board of psychologist examiners.

[16.12.17.14 NMAC - N, 1/1/2026]

16.12.17.15 CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA):

A. Requirements for licensure as a CRNA:

(1) Hold a current, unencumbered RN license from New Mexico or hold a compact multi-state RN license.

(2) Successfully complete a formal program designed for the education and preparation of certified registered nurse anesthetist. The COA council on accreditation of nurse anesthesia educational programs must accredit the program.

(3) If the applicant is initially licensed by any board of nursing including the New Mexico board of nursing after January 1, 2001, the program must be at the master's level or higher. Applicants who do not hold a master's or higher degree from a nurse anesthetist program and were initially licensed by any board before January 2, 2001, must provide verification of CRNA licensure.

(4) Provide evidence of successful completion of a national certification examination as described by the NBCRNA.

(5) It is the responsibility of the applicant to provide documented evidence of their qualification for licensure.

(6) Applicants who will be requesting prescriptive authority must also comply with the

requirements for prescriptive authority as outlined in these rules.

B. Procedure for licensure as a graduate. The applicant seeking licensure as a certified registered nurse anesthetist shall be responsible for providing proof of meeting the requirements for licensure.

(1) The applicant shall complete the New Mexico certified registered nurse anesthetist licensure application and submit it along with all required documents, and fee in accordance with the instructions.

(2) Upon acceptance of the completed application and receipt of all required supporting documents, the file is reviewed for qualifications and compliance with the requirements.

(3) Applicants who do not meet the requirements for licensure may request or be requested to meet with the board or its designee.

(4) Certified registered nurse anesthetists are not eligible to practice in New Mexico as certified registered nurse anesthetist until so licensed in accordance with the licensure procedures.

(5) The board may appoint certified registered nurse anesthetists to the advanced practice committee. These nurse anesthetists will provide advice regarding licensure and practice of certified registered nurse anesthetists.

C Graduate registered nurse anesthetist permit-to-practice may be issued, upon written request, provided all requirements have been met except NBCRNA certification.

(1) A permit may be issued following graduation from an approved school of nurse anesthesia to afford the applicant the opportunity for employment pending dissemination of the national qualifying examination results by NBCRNA.

(2) GRNAs must function in an interdependent role as a member of a health care team and practice at the direction of and in collaboration with a licensed provider.

(3) GRNAs may prescribe and administer medications only in collaboration with a health care provider in compliance with these rules.

(4) GRNAs permits will be issued to the employer(s).

(5) A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor(s) and name of prescription supervisor(s), is required from each employer. Upon change in employment, the new employer must send the board a letter of intent to employ. The board will then issue a permit to practice for the new place of employment. The permit will be issued directly to the new employment agency.

(6) The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GRNA permit.

(7) GRNA permits cannot be transferred or renewed.

(8) GRNA permits expire on the date specified on the permit.

(a) Permits shall be valid for approximately 12 months subsequent to the date of graduation from the nurse anesthesia program.

(b) Written proof of application to write the national qualifying exam must be received in the board office within 12 weeks of graduation from the nurse anesthesia program.

(c) Verification that the applicant wrote the national qualifying examination must be received in the board office within three weeks after the date of the examination.

(d) Failure of applicant to write the scheduled qualifying examination or if the exam is failed, will render the applicant ineligible to practice anesthesia in New Mexico and the employer must immediately return the permit-to-permit to the board office. It is the responsibility of the GRNA to request that the national certifying organization notify the board of the results of the examination.

(9) A license to practice as a CRNA shall be issued only after receipt by the board of proof of NBCRNA certification. Such proof must be submitted to the board by the certifying agency.

D. Expedited licensure for CRNA's:

(1) The board will issue an expedited license to a qualified applicant based on prior licensure in an eligible jurisdiction other than New Mexico upon an applicant's submission of a complete application containing all the following:

(a) a completed and signed application form;
(b) proof of current licensure in an eligible jurisdiction;
(c) proof of good standing for the license held by the applicant in an eligible jurisdiction;

(d) submission of fingerprints and other information necessary for a state and national background check; and

(e) payment of the required application fee.

(2) An expedited license application shall not be deemed complete until the applicant has

submitted, and the board's staff is in receipt of all the materials required.

(3) Upon submission of a complete application, the board's staff shall process the application and issue the expedited license to the applicant within 30 days unless the applicant has a disqualifying criminal conviction, or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978.

(4) If the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978:

(a) The license may not be issued within 30 days of submission of the complete application;

(b) The matter of the applicant's application shall be submitted to the board for consideration and action at its next available regular meeting; and

(c) The board may vote to grant the application or refer the matter to its administrative prosecutor contemplating the ultimate denial of the application as provided by the board's rules.

(2) Renewal of expedited licenses:

(a) A licensee holding an expedited license may apply for license renewal beginning 60 days prior to expiration of the expedited license, as provided by the board's rules.

(b) Upon renewal, an expedited license shall become a regular single-state license.

(3) Eligible and Ineligible Jurisdictions:

(a) The board will accept expedited license applications based on prior licensure in any jurisdiction within the United States except the following:

(i) Michigan, on the grounds that this jurisdiction does not participate in the coordinated licensure system for the purposes of discipline; and

(ii) Puerto Rico, on the grounds that this jurisdiction does not participate in the coordinated licensure system.

(b) The board will accept expedited license applications based on prior licensure in the following jurisdictions outside the United States: Canada.

E. Qualifications for licensure as a CRNA are pursuant to the Nursing Practice Act.

(1) Refer to Subsection A of 16.12.17.14 NMAC for licensure requirements.

(2) Disciplinary action taken or pending against a nursing license in another jurisdiction, or a conviction of a felony, may result in denial of a license.

F. An initial certified registered nurse anesthetist license shall be valid until the last day of the applicant's birth month after the first anniversary of the initial license. For nurses from compact states, a New Mexico advanced practice license will be issued with the same expiration date as the compact RN license. A letter of authorization will be issued to CRNAs who have RN multi-state licensure privileges from another nurse licensure compact states. Official verification of authorization to practice is available through the board website.

G. If the licensure process is not completed, the application becomes null and void six months after the date received at the board of nursing.

H. Maintaining licensure as a certified registered nurse anesthetist.

(1) National certification: CRNAs must maintain NBCRNA. A copy of the recertification card must be presented at the time of each subsequent renewal.

(2) Continuing education: recertification by NBCRNA is accepted for meeting mandatory CE requirements. CRNAs with a DEA registration, at any time during their most recent renewal, period shall obtain five contact hours in the management of non-cancer pain.

I. Reactivation: to reactivate or reinstate licensure as a certified registered nurse anesthetist.

(1) The nurse must provide evidence of current recertification by the NBCRNA.

(2) CRNAs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge, skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

J. Certified registered nurse anesthetist practice:

(1) The CRNA provides pre-operative, intra-operative and post-operative anesthesia care and related services, including ordering of diagnostic tests, in accordance with the current American Association of nurse anesthesiology (AANA) guidelines for nurse anesthesia practice.

(2) Certified registered nurse anesthetists shall function in either an independent role or in collaboration with other health care providers in accordance with the policies of a health care facility. As used in this subsection, "collaboration" means the process in which each health care provider contributes the health care provider's respective expertise. As used in this subsection, "independent role" means performing any action,

including determining, preparing, administering or monitoring anesthesia care or anesthesia-related services, without the supervision of another health care provider.

(3) The CRNA may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CRNA provided the knowledge and skills required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions or performing specific procedures, which are beyond the CRNA's advanced educational preparation and certification, the CRNA is responsible for obtaining the appropriate knowledge, skills, and supervision to ensure he/she can perform the function/procedure safely and competently and recognize and respond to any complications that may arise.

(4) CRNAs who have fulfilled requirements for prescriptive authority may prescribe and administer therapeutic measures, including dangerous drugs and controlled substances included in Schedules II through V of the Controlled Substances Act within the specialty of anesthesia and practice setting.

(a) Requirements for prescriptive authority: in accordance with applicable state and federal laws, the CRNA who fulfills the following requirements may prescribe and administer dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act.

(i) Verifies 400 hours of work experience in which prescribing and administering dangerous drugs has occurred within the two years immediately preceding the date of the application. Individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a CRNA or physician. The preceptorship must be completed within six months, and a letter of authorization will be issued for the duration of the preceptorship.

(ii) In order to prescribe controlled substances, the CRNA must provide the board of nursing with verification of current state-controlled substances registration and current drug enforcement administration (DEA) number, unless the CRNA has met registration waiver criteria from the New Mexico board of pharmacy (Subsection I of 16.19.20.8 NMAC). CRNAs may not possess or prescribe controlled substances until they have both a current state-controlled substances registration and a current DEA registration.

(iii) Once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements.

(b) Formulary: It is the CRNA's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed. The only drugs to be included in the formulary are those relevant to the CRNA's area of specialty practice, scope of practice and clinical setting. The board of nursing reserves the right to audit the formulary. Licensees may be subject to disciplinary action by the board of nursing if non-compliant with the audit.

(c) All CRNAs must submit a formulary on the approved template provided by the board of nursing developed in collaboration with the New Mexico medical board.

(d) Prescription records: written, verbal or electronic prescriptions and order will comply with the state board of pharmacy and federal requirements. All prescriptions will include the name, title, address and phone number of the prescribing advanced practice registered nurse.

(e) Prescribing and administering: CRNAs who have fulfilled requirements for prescriptive authority as stated in these rules as defined by the board of pharmacy may prescribe and administer to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act, which have been prepared, packaged or fabricated by a registered pharmacist or doses or drugs that have been prepackaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act Section 61-11-22 NMSA 1978 and the New Mexico Drug, Device and Cosmetic Act for the benefit of the public good.

(f) Distributing: CRNAs who have fulfilled requirements for prescriptive authority as stated in these rules may not distribute to their patients dangerous drugs including controlled substances contained in Schedules II through V of the Controlled Substances Act.

(g) CRNAs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

(5) Graduate registered nurse anesthetist practice:

(a) GRNAs may NOT distribute medications.

(b) GRNAs may practice or prescribe/administer medications only in collaboration with a health care provider.

(6) To ensure competency and safe practice in specific regard to prescription writing practices in the state of NM.

(a) A list of current CRNAs and their status regarding prescriptive authority shall be distributed upon request to the board of pharmacy.

(b) Violation of these rules or disciplinary action taken by the board of nursing regarding controlled substances shall be reported to the board of pharmacy.

(c) The board of nursing shall appoint a qualified CRNAs to serve on the board of pharmacy disciplinary panel as requested by the board of pharmacy.

K. A CRNA business entity formed pursuant to the laws of the state of New Mexico is authorized to provide health care services in the state of New Mexico if the health care services are provided by persons who are duly licensed to engage in the practice of nursing pursuant to the provisions of the Nursing Practice Act.
[16.12.17.15 NMAC - N, 1/1/2026]

16.12.17.16 CERTIFIED CLINICAL NURSE SPECIALIST (CCNS):

A. Requirements for licensure as CCNS:

(1) hold a current, unencumbered RN license from New Mexico or hold a compact multi-state RN license;

(2) successfully complete a clinical nurse specialist program at the master's or doctoral level in a defined clinical nursing specialty through an accredited institution of higher education; and

(a) the educational documents must reflect successful completion of graduate degree courses;

(b) additional population foci can be added with transcripts from an accredited institution and a current national certification;

(3) provide evidence of successful accomplishment of certification by a national nursing organization, consistent with the defined clinical nursing specialty, which meets criteria as listed below:

(a) successfully complete a national certifying examination in the applicant's area of specialty;

(b) is certified by a national nursing organization.

(4) it is the responsibility of the applicant to provide documented evidence of their qualifications for licensure;

(5) any CCNS requesting prescriptive authority must also comply with the regulations for prescriptive authority as outlined in these rules.

B. Procedure for licensure as a graduate CCNS:

(1) applicants seeking licensure as a CCNS shall be responsible for providing proof of meeting the requirements for licensure;

(2) The applicant shall complete the New Mexico CCNS application and submit it along with all requested documents and associated fee in accordance with the instructions;

(3) Upon acceptance of the completed application and receipt of all required supporting documents, the file is reviewed for qualifications and compliance with the requirements;

(4) Applicants who do not meet the requirements for licensure may request or be requested to meet with the board or their designee;

(5) CCNS's are not eligible to practice in New Mexico as a CCNS until so licensed by the New Mexico board in accordance with licensure procedures;

(6) The board may appoint CCNSs to the advanced practice committee. These CCNSs will provide advice regarding the licensure and practice of the CCNS.

C. Graduate clinical nurse specialist (GCNS) permit to practice:

(1) GCNS permits may be issued upon written request, provided all requirements have been met except certification by a national nursing organization.

(a) GCNSs practice under the direct supervision of another licensed provider in the specialty.

(b) GCNSs may prescribe medications only under the direct supervision of a licensed CCNS, CNP or physician in compliance with these rules.

(c) GCNS permits will be issued to the employer.

(d) A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor and the name of the prescription supervisor is required from each employer. Upon change in employment, the new employer must send the board a letter of intent to employ. The board will then issue a permit to practice at the new place of employment. The permit will be issued directly to the new employing agency.

(e) The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GCNS permit.

(f) GCNS permits cannot be transferred or renewed.

(g) GCNS permits expire on the date specified on the permit. Permits shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice as a GCNS. It is the responsibility of the GCNS to request that the national certifying organization notify the board of the results of the examination.

(2) An initial license to practice as a CCNS shall be issued only after receipt by the board of proof of certification by a national nursing organization. Such proof must be submitted to the board directly from the certifying agency prior to the expiration of the permit or temporary license.

D. Expedited licensure for CCNS's:

(1) The board will issue an expedited license to a qualified applicant based on prior licensure in an eligible jurisdiction other than New Mexico upon an applicant's submission of a complete application containing all the following:

(a) a completed and signed application form;
(b) proof of current licensure in an eligible jurisdiction;
(c) proof of good standing for the license held by the applicant in an eligible jurisdiction;

(d) submission of fingerprints and other information necessary for a state and national background check; and

(e) payment of the required application fee.

(2) An expedited license application shall not be deemed complete until the applicant has submitted, and the board's staff is in receipt of all of the materials required by Paragraph (1) of Subsection D of 16.12.2.14 NMAC, including documentation from third parties.

(3) Upon submission of a complete application, the board's staff shall process the application and issue the expedited license to the applicant within 30 days unless the applicant has a disqualifying criminal conviction, or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978.

(4) If the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978:

(a) the license may not be issued within 30 days of submission of the complete application;

(b) the matter of the applicant's application shall be submitted to the board for consideration and action at its next available regular meeting; and

(c) the board may vote to grant the application or refer the matter to its administrative prosecutor contemplating the ultimate denial of the application as provided by the board's rules.

(5) Renewal of expedited licenses:

(a) A licensee holding an expedited license may apply for license renewal beginning 60 days prior to expiration of the expedited license, as provided by the board's rules.

(b) Upon renewal, an expedited license shall become a regular single-state license.

(6) Eligible and Ineligible Jurisdictions:

(a) The board will accept expedited license applications based on prior licensure in any jurisdiction within the United States except the following:

(i) Michigan, on the grounds that this jurisdiction does not participate in the coordinated licensure system for the purposes of discipline; and

(ii) Puerto Rico, on the grounds that this jurisdiction does not participate in the coordinated licensure system.

(b) The board will accept expedited license applications based on prior licensure in the following jurisdictions outside the United States: Canada.

E. Qualifications for licensure as a CCNS are pursuant to the Nursing Practice Act.

(1) Refer to Subsection A of 16.12.2.14 NMAC for licensure requirements.

(2) Disciplinary action taken or pending against a nursing license in another jurisdiction, or a conviction of a felony, may result in denial of a license.

F. An initial clinical nurse specialist license shall be valid until the last day of the applicant's birth month after the first anniversary of the initial license. For nurses from compact states, a New Mexico advanced practice license will be issued with the same expiration date as the compact license. A letter of authorization will be issued to CCNSs who have RN multi-state licensure privilege from another nurse licensure compact state. Official

verification to practice is located on the board website.

G. If the licensure process is not completed, the application becomes null and void one year after the date of application being received at the board.

H. Authorization to expand the scope of practice or who need recertification.

(1) A letter of authorization will be issued for the CCNSs who through additional formal education have expanded their practice into another area of CCNS practice or who need practice hours to recertify provided all requirements have been met except national certification.

(2) A letter of verification of intent to provide a preceptorship, on official letterhead including the name of the practice preceptor and the name of the prescription preceptor must be submitted to the board of nursing.

(3) Practice must be under the direct supervision of a New Mexico CCNS or CNP or physician in the specialty.

(4) Prescribing may be done only under the direct supervision of a licensed CCNS or CNP or a physician in compliance with these rules.

(5) A letter of authorization will be issued to the preceptor.

(6) A letter of authorization cannot be transferred, renewed or a duplicate issued.

(7) A letter of authorization will expire on the date specified.

(a) A letter of authorization shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice in that area. It is the responsibility of the CCNS to request that the national certifying organization notify the board of the results of the examination. A letter of authorization may be valid for a period not to exceed two years.

(b) A letter of authorization will be valid for six months for those applicants to be recertified.

(c) A letter of authorization shall be issued for the prescriptive authority preceptorship. This letter will only be valid for the duration of the preceptorship for expansion of scope of practice or recertification required hours of practice.

I. Maintaining licensure as a clinical nurse specialist:

(1) The CCNS must be nationally certified in the specialty by a nursing organization.

(2) The CCNS must maintain a current, valid national certification at all times during the active licensure period.

(3) A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal.

(4) Continuing education:

(a) A CCNS with DEA registration at any time during their most recent renewal period shall obtain five contact hours in the management of non-cancer pain.

(b) A CCNS without the DEA must submit a valid national certification as an APRN.

(c) Certification or recertification granted by a national professional organization which uses criteria designed to recognize competence in a specialized area of nursing practice be used as an approved CE.

(5) Reactivation:

(a) To reactivate or reinstate licensure as a CCNS, the nurse must provide evidence of meeting the CE requirements: evidence of current national certification must also be provided.

(b) CCNSs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge, skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

J. Certified Clinical nurse specialist practice:

(1) The CCNS is a nurse who through graduate level preparation has become an expert in a defined area of knowledge and practice in a selected clinical area of nursing.

(2) The CCNS makes independent decisions in a specialized area of nursing practice, using knowledge about the health care needs of the individual, family and community. The CCNS collaborates as necessary with other members of the health care team, when the needs are beyond the scope of practice of the CCNS.

(3) The CCNS may assume specific functions or perform specific procedures which are beyond the advanced educational preparation and certification for the CCNS provided the knowledge and skills

required to perform the function or procedure emanates from a recognized body of knowledge or advanced practice of nursing and the function or procedure is not prohibited by any law or statute. When assuming specific functions or performing specific procedures, which are beyond the CCNS's advanced educational preparation and certification, the CCNS is responsible for obtaining the appropriate knowledge, skills and supervision to assure the CCNS can perform the function/procedure safely and competently and recognize and respond to any complications that may arise.

(4) Carries out therapeutic regimens in the area of the specialty.

(5) The CCNS who has fulfilled the requirements for prescriptive authority in the specialty area may prescribe and distribute therapeutic measures including dangerous drugs and controlled substances contained in Schedules II through V of the Controlled Substance Act within the scope of the specialty practice and setting.

(a) Requirements for prescriptive authority: In accordance with applicable state and federal laws, the CCNS who fulfills the following requirements may prescribe and distribute dangerous drugs including controlled substances included in Schedules II through V of the Controlled Substance Act:

(i) verifies 400 hours of work experience in which prescribing dangerous drugs has occurred within the two years immediately preceding the date of application and provide a copy of a transcript documenting successful completion of the a three credit hour pharmacology course, a three credit hour assessment course and a three credit hour pathophysiology course included as part of a graduate level advanced practice nursing education program; 45 contact hours of advanced level pharmacology continuing education course may be substituted for the academic pharmacology; a certificate of completion must be provided that verifies continuing education; or

(ii) if 400 hours of work experience in which prescribing dangerous drugs cannot be verified, provide a copy of a transcript documenting successful completion of a three credit hour pharmacology course that is included as part of a graduate level advanced practice nursing education program within five years immediately prior to the date of application to the board; 45 contact hours of advanced level pharmacology continuing education course may be substituted for the academic pharmacology; a certificate of completion must be provided that verifies continuing education; the course must be related to the specialty and contain content in pharmacokinetics, pharmacodynamics, pharmacology of current/commonly used medications and application of drug therapy to the treatment of disease or the promotion of health; and

(iii) provide a copy of a transcript documenting successful completion of a three credit hour assessment course that is included as part of a graduate level advanced practice nursing education program; the course must be related to the specialty and include content supported by related clinical experience such that students gain knowledge and skills needed to perform comprehensive assessments to acquire data, make diagnoses of health status and formulate effective clinical management plans; and

(iv) provide a copy of a transcript documenting successful completion of a three credit hour pathophysiology course that is included as part of a graduate level advanced practice nursing education program; the course must be related to the specialty and include content in physiology and pathophysiology;

(v) provide a copy of a transcript documenting successful completion of a 400 hour university/college associated preceptor experience in the prescription of dangerous drugs within the two years immediately prior to the date of application to the board; or

(vi) after fulfilling ii, iii, and iv above, upon application to the board, a letter of authorization for a prescriptive authority preceptorship will be issued to complete a preceptorship, which must be completed within six months;

(vii) in order to prescribe controlled substances, the CCNS must provide the board of nursing with verification of current state controlled substances registration and current DEA number, unless the CCNS with prescriptive authority has met registration waiver criteria from the New Mexico board of pharmacy; CCNS s may not possess, prescribe or distribute controlled substances until they have both a current state controlled substances registration and a current DEA registration;

(viii) once prescriptive authority requirements are met, the board will notify the board of pharmacy of completion of prescriptive authority requirements.

(b) Prescription records: written, verbal or electronic prescriptions and orders will comply with state board of pharmacy and federal requirements. All prescriptions will include the name, title, address and phone number of the prescribing advanced practice registered nurse.

(c) Distributing: CCNS s who have fulfilled requirements for prescriptive authority as stated in these rules, may distribute to their patients dangerous drugs including controlled substances contained in

Schedules II through V of the Controlled Substance Act, which have been prepared, packaged, or fabricated by the registered pharmacist or doses which have been pre-packaged by a pharmaceutical manufacturer in accordance with the Pharmacy Act and the Drug, Device and Cosmetic Act for the benefit of the public good.

(d) Labeling: CCNSs may label only those drugs which the CCNS prescribes and distributes to patients under the CCNS's care. The medication shall be properly labeled with the patient's name, date of issue, drug name and strength, instructions for use, drug expiration date, telephone number of the CCNS. Labeling may be handwritten, or a pre-printed fill-in label may be used. All information shall be properly documented in the patient record.

(e) CCNSs who do not plan to prescribe controlled substances but do plan to prescribe dangerous drugs must meet the requirements relative to prescriptive authority except those specifically required for controlled substances.

(6) Graduate clinical nurse specialist (GCNS) practice.

(a) GCNSs may not distribute medications.

(b) GCNSs may practice or prescribe medications only under the direct supervision of a licensed CCNS, CNP or physician in the specialty.

(7) To ensure competency and safe practice in specific regard to prescription writing practices in the state of NM:

(a) a list of current CCNSs and their status with regard to prescription writing shall be distributed upon request to the board of pharmacy;

(b) violation of these rules or disciplinary action taken by the board of nursing with regard to controlled substances shall be reported to the board of pharmacy;

(c) the board of nursing shall appoint qualified CCNSs in each specialty to serve on the board of pharmacy disciplinary panel as requested by the board of pharmacy.

K. Supervision of psychologists in the prescribing of psychotropic medication by a clinical nurse specialist, pursuant to Section 61-3-23.5 NMSA 1978 and the Professional Psychologist Act (Section 61-9-1 et. seq. NMSA 1978).

(1) A CCNS may provide supervision to a psychologist in the prescribing of psychotropic medication provided the CCNS:

(a) holds a valid, unencumbered NM license as a CCNS;

(b) holds a national certification as a psychiatric-mental health clinical nurse specialist. An individual who holds a certification as a CCNS conferred by a national nursing certification organization that is not an approved certification listed above may petition the board and request approval of the certification. The board shall review the petition and determine whether the certification and the petitioner's clinical practice experience sufficiently substantiate adequate education, didactic and clinical preparedness, and other factors that establish competency. The decision of the board is discretionary and shall not be subject to review or binding on any future petition.

(c) has a minimum of two years of experience prescribing as a psychiatric-mental health clinical nurse specialist;

(d) is not currently participating in any board of nursing's alternative to discipline program, diversion program;

(e) is able to meet all requirements to serve as an independently licensed prescribing clinician as laid out in the Professional Psychologist Act (Section 61-9 NMSA 1978) and 16.22 NMAC; and

(f) performing the supervision is within the scope of practice of the CCNS.

(2) Reporting obligations to the New Mexico board of nursing by a CCNS providing supervision to a psychologist in the prescribing of psychotropic medication:

(a) within 15 days of entering into the supervising relationship with each psychologist being supervised. The notification shall consist of:

(i) the name and license number of the psychologist;

(ii) the date of entry into the supervising relationship;

(iii) the anticipated end of the supervising relationship.

(b) within 15 days of severing the supervisory relationship with a psychologist. The notification shall consist of:

(i) the name and license number of the psychologist

(ii) the date of the end of the supervising relationship.

(3) A CCNS who provides supervision to a psychologist in the prescribing of psychotropic medication must follow the Professional Psychologist Act (Section 61-9 NMSA 1978) and rules promulgated by the

New Mexico board of psychologist examiners.
[16.12.17.16 NMAC - N, 1/1/2026]

16.12.17.17 EXPEDITED LICENSURE FOR MILITARY SERVICE MEMBERS AND VETERANS:

A. The board will issue an expedited license to an applicant who is a military service member or veteran based on prior licensure in a jurisdiction other than New Mexico upon the applicant's submission of a complete application containing all of the following:

- (1) a completed and signed application form;
- (2) proof of current licensure in another jurisdiction;
- (3) proof of good standing for the applicant's out of state license;
- (4) submission of fingerprints and other information necessary for a state and national background check; and
- (5) Submission of the following documentation:
 - (a) for military service member: a copy of military orders;
 - (b) for spouse of military service members: copy of military service member's military orders, and copy of marriage license;
 - (c) for spouses of deceased military service members: copy of decedent's DD 214 and copy of marriage license;
 - (d) for dependent children of military service members: a copy of military service member's orders listing dependent child, or a copy of military orders and one of the following: a copy of birth certificate, military service member's federal tax return or other governmental or judicial documentation establishing dependency;
 - (e) for veterans (retired or separated): a copy of DD 214 showing proof of honorable discharge.

B. An expedited license application shall not be deemed complete until the applicant has submitted, and the board's staff is in receipt of all of the materials required by Subsection A, including documentation from third parties.

C. Upon submission of a complete application, the board's staff shall process the application according to licensing protocol and issue the expedited license to the applicant within 30 days unless the applicant has a disqualifying criminal conviction, or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978.

D. If the applicant has a disqualifying criminal conviction or the board may have other cause to deny the application pursuant to Section 61-3-28 NMSA 1978:

- (1) the license may not be issued within 30 days of submission of the complete application;
- (2) the matter of the applicant's application shall be submitted to the board for consideration and action at its next available regular meeting; and
- (3) the board may vote to grant the application or refer the matter to its administrative prosecutor contemplating the ultimate denial of the application as provided by the board's rules.

E. Duration of expedited licenses:

(1) The first licensure period will be for up to one year from the issuance of the license, with the expiration being correlated to the last day of the applicant's birth month, according to licensing processes. Continuing education will be prorated.

(2) The first renewal period will be for two years from the date of the first expiration date of the first licensure period.

(3) A licensee holding an expedited license may apply for license renewal in the manner provided by the board's rules. If the licensee holding an expedited license was not required by the licensee's original jurisdiction outside of New Mexico to pass the NCLEX, the licensee shall be required to take and pass the NCLEX as a prerequisite to the renewal of the expedited license.

(4) Upon renewal, an expedited license shall become a regular single state license.

(5) If the military expedited licensure holder requests a multistate RN or LPN license, all requirements of the nurse licensure compact must be met, including completion of another background check. The fee for a multistate license will not be waived.

F. Military service members and veterans shall not pay, and the board shall not charge a licensing fee for the first three years for a license issued pursuant to this rule.

[16.12.2.17 NMAC - N, 1/1/2026]

History of 16.12.2 NMAC - [RESERVED]