

1 Board of Nursing

2

3 Adopted Permanent Rules Relating to Clinical Specialist

4 Prescribing Authority

5

6 Rules as Adopted

7

CHAPTER 6305

8

BOARD OF NURSING

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PROFESSIONAL AND PRACTICAL LICENSURE

10 6305.0500 REQUIREMENTS FOR LICENSURE WITHOUT EXAMINATION.

11 [For text of subps 1 to 13, see M.R.]

12 Subp. 14. **Unacceptable examination.** An applicant for  
 13 licensure who did not take an examination acceptable to the  
 14 board must successfully take the current examination for  
 15 licensure. The applicant must submit the application for  
 16 licensure without examination, the licensure fee, a verification  
 17 of licensure from the jurisdiction or Canadian province of  
 18 original licensure, and a verification of licensure from the  
 19 jurisdiction or Canadian province in which the applicant was  
 20 most recently employed if this is different from the  
 21 jurisdiction or Canadian province in which the applicant was  
 22 licensed by examination. To take the examination, the applicant  
 23 must meet all requirements of the test service of the National  
 24 Council of State Boards of Nursing, Inc., including the payment  
 25 of fees, and, after receipt of an authorization to test,  
 26 schedule the examination at one of the testing centers. Passing  
 27 the examination will be accepted in lieu of the requirements set  
 28 out in subparts 7 and 8.

29

CHAPTER 6310

30

BOARD OF NURSING

31

PROFESSIONAL AND PRACTICAL REGISTRATION

32 6310.2600 DEFINITIONS.

33 [For text of subpart 1, see M.R.]

34 Subp. 1a. **Acceptable nursing practice.** "Acceptable  
 35 nursing practice" means employment or volunteer nursing in any



1 setting. Employment includes those positions for which the  
2 individual is required to be a nurse. For professional nursing  
3 practice, the practice must have included one or more of the  
4 functions defined in Minnesota Statutes, section 148.171,  
5 paragraph (3). For practical nursing practice, the practice  
6 must have included one or more of the functions defined in  
7 Minnesota Statutes, section 148.171, paragraph (5).

8 [For text of subps 1b to 16, see M.R.]

9 6310.2900 REGISTRATION RENEWAL PROCEDURES.

10 [For text of subps 1 to 5, see M.R.]

11 Subp. 6. Insufficient hours. If a licensee does not have  
12 enough contact hours of acceptable continuing education to  
13 report, the licensee has the following options listed in items A  
14 to C.

15 A. Complete the required number of contact hours  
16 during the month following the application deadline in which  
17 case this month shall not be used as part of the subsequent  
18 continuing education participation period.

19 B. Defer the number of contact hours that the  
20 licensee is lacking. The deferred hours shall be added to the  
21 contact hours required in the immediately succeeding continuing  
22 education participation period. Contact hours may be deferred  
23 if there are no current deferred contact hours required of the  
24 licensee. If the licensee is deferring a fraction of a contact  
25 hour, a whole contact hour must be deferred. If the licensee  
26 does not have the required infection control contact hours, then  
27 the required contact hours of infection control shall be  
28 deferred. The deferred infection control contact hours will be  
29 added to the total number of contact hours required as well as  
30 to the total number of infection control contact hours required.  
31 If the licensee does not renew for the continuing education  
32 participation period that included the deferred hours, the  
33 deferred hours shall be required for reregistration.

34 C. Allow registration to expire and reregister.

35 [For text of subps 7 to 10, see M.R.]

1 6310.3200 REREGISTRATION PROCEDURES.

2 [For text of subps 1 to 8, see M.R.]

3 Subp. 9. Initial registration following reregistration.

4 The board shall issue a registration certificate once the  
 5 reregistration requirements have been met. The initial  
 6 registration period is as defined in part 6310.2600, subpart  
 7 15. Licensees shall participate in the number of contact hours  
 8 of acceptable continuing education according to the number of  
 9 full months in their initial registration period. For licensed  
 10 practical nurses, the number of contact hours is one contact  
 11 hour for every two months of registration. For registered  
 12 nurses, the number of contact hours is one contact hour for  
 13 every month of registration. The continuing education must meet  
 14 the criteria in part 6310.2800.

15 CHAPTER 6330

16 BOARD OF NURSING

17 ADVANCED NURSING PRACTICE

18 6330.0350 PROFESSIONAL NURSING ORGANIZATIONS WITH AUTHORITY TO  
19 CERTIFY.

20 The following organizations meet the criteria in part  
 21 6330.0300 and have the authority to certify registered nurses in  
 22 the advanced nursing practice categories listed:

23 [For text of items A and B, see M.R.]

24 C. American Nurses Credentialing Center:

25 (1) nurse practitioner:

- 26 (a) gerontological nurse practitioner;
- 27 (b) adult nurse practitioner;
- 28 (c) family nurse practitioner;
- 29 (d) school nurse practitioner;
- 30 (e) pediatric nurse practitioner.

31 (2) clinical specialist in psychiatric and mental  
32 health nursing:

- 33 (a) clinical specialist in adult psychiatric  
34 and mental health nursing;
- 35 (b) clinical specialist in child and

1 adolescent psychiatric and mental health nursing.

2 D. National Certification Board of Pediatric Nurse  
3 Practitioners and Nurses: pediatric nurse practitioner.

4 E. National Certification Corporation for the  
5 Obstetric, Gynecologic and Neonatal Specialties:

6 (1) women's health care nurse practitioner;

7 (2) neonatal nurse practitioner.

8 CHAPTER 6340

9 BOARD OF NURSING

10 PRESCRIBING AUTHORITY

11 6340.0050 SCOPE.

12 This chapter applies to nurse practitioners and clinical  
13 specialists. Parts 6340.0950 and 6340.1000, subparts 1 to 3,  
14 also apply specifically to nurse midwives.

15 6340.0100 DEFINITIONS.

16 Subpart 1. Scope. For the purpose of this chapter, the  
17 following terms have the meanings given them.

18 Subp. 2. Attachments. "Attachments" means the materials  
19 that must be submitted with the application to demonstrate  
20 eligibility to prescribe drugs and therapeutic devices. The  
21 materials include a copy of the certificate from the national  
22 professional nursing organization, a document verifying  
23 completion of a program of study, evidence of successful  
24 completion of the required prescribing course, and a written  
25 agreement as defined in subpart 19.

26 Subp. 3. Board. "Board" means the Board of Nursing.

27 Subp. 4. Certificate. "Certificate" means the document  
28 issued by a national professional nursing organization which  
29 certifies nurse practitioners and/or clinical specialists.

30 Subp. 4a. Clinical specialist. "Clinical specialist"  
31 means a registered nurse who has a master's or higher degree in  
32 nursing or a mental health field and is certified by the  
33 American Nurses Credentialing Center as a clinical specialist in  
34 psychiatric and mental health nursing.

35 Subp. 5. Collaborating physician. "Collaborating

1 physician" means an individual physician licensed under  
2 Minnesota Statutes, chapter 147, who agrees to delegate  
3 prescribing authority to a nurse practitioner or a clinical  
4 specialist by giving direction and review consistent with the  
5 written agreement. For clinical specialists, the collaborating  
6 physician means a psychiatrist.

7 Subp. 6. Drug. "Drug" means all medicinal substances and  
8 preparations recognized by the United States Pharmacopoeia and  
9 National Formulary, or any revision, and all substances and  
10 preparations intended for external and internal use in the  
11 diagnosis, cure, mitigation, treatment, or prevention of disease  
12 in humans or other animals, and all substances and preparations,  
13 other than food, intended to affect the structure or any  
14 function of the bodies of humans.

15 Subp. 7. Drug categories or drug types. "Drug categories"  
16 or "drug types" means the major therapeutic classifications in  
17 which medications are organized. The drug categories are:

18 [For text of items A to Q, see M.R.]

19 R. diagnostic and miscellaneous medications.  
20 The drugs used by clinical specialists to treat psychiatric and  
21 behavioral disorders and the side effects of those drugs are  
22 included in the drug categories in items A to R.

23 [For text of subp 8, see M.R.]

24 Subp. 9. National professional nursing organizations.

25 "National professional nursing organizations" means the  
26 organizations adopted by the board under Minnesota Statutes,  
27 section 62A.15, subdivision 3a, with the authority to certify  
28 nurse practitioners and clinical specialists. The organizations  
29 are the American Nurses Credentialing Center, ~~the American~~  
30 ~~Academy of Nurse Practitioners~~, the National Certification Board  
31 of Pediatric Nurse Practitioners and Nurses, and the National  
32 Certification Corporation for the Obstetric, Gynecologic and  
33 Neonatal Specialties.

34 [For text of subp 10, see M.R.]

35 Subp. 11. Practice setting. "Practice setting" means the  
36 organizational entity and all its physical locations in which

1 the nurse practitioner or clinical specialist provides care to  
2 patients.

3 Subp. 12. **Practice specialty.** "Practice specialty" means  
4 the area in which the individual is certified as a nurse  
5 practitioner. These areas are gerontological, adult, family,  
6 school, pediatric, women's health care, and neonatal.

7 [For text of subs 13 to 18, see M.R.]

8 Subp. 19. **Written agreement.** "Written agreement" means a  
9 written document developed jointly by the nurse practitioner or  
10 clinical specialist and collaborating physician that contains  
11 statements that define the delegated responsibilities that  
12 relate to the prescription of drugs and, for nurse  
13 practitioners, therapeutic devices. The delegated prescribing  
14 responsibilities must be consistent with the standards  
15 established by the Minnesota Medical Association and the  
16 Minnesota Nurses Association for nurse practitioners, and by the  
17 Minnesota Psychiatric Society and the Minnesota Nurses  
18 Association for clinical specialists.

19 6340.0200 ELIGIBILITY CRITERIA FOR PRESCRIBING AUTHORITY.

20 [For text of subpart 1, see M.R.]

21 Subp. 2. **Graduation.** A nurse practitioner applicant shall  
22 have completed a program of study designed to prepare a  
23 registered nurse for advanced practice as a nurse practitioner.  
24 A clinical specialist applicant shall have a master's or higher  
25 degree in nursing or a mental health field.

26 Subp. 2a. **Prescribing course.** A clinical specialist  
27 applicant shall have completed no less than 30 hours of formal  
28 study in the prescribing of psychotropic medications and  
29 medications to treat their side effects, including instruction  
30 in health assessment, psychotropic classifications,  
31 psychopharmacology, indications, dosages, contraindications,  
32 side effects, and evidence of application. "Formal study" means  
33 that the course has written measurable objectives, has an  
34 organized plan of study which includes instructors, uses a  
35 formalized method of evaluating student performance, and issues

1 a document which verifies successful completion of the course.  
2 The applicant must have taken the course within the four years  
3 prior to application unless the individual has been legally  
4 prescribing during the four years.

5 Subp. 3. Certification. An applicant shall be certified  
6 as a nurse practitioner or clinical specialist by one of the  
7 national professional nursing organizations listed in part  
8 6340.0100, subpart 9 and hold a current certificate.

9 Subp. 4. Written agreement. An applicant shall have a  
10 written agreement with a collaborating physician that is signed  
11 and dated by the nurse practitioner or clinical specialist and  
12 the collaborating physician. The nurse practitioner or clinical  
13 specialist shall have a written agreement for each practice  
14 setting.

15 6340.0300 INITIAL APPLICATION PROCEDURE.

16 Subpart 1. Procedure. A nurse practitioner or clinical  
17 specialist who seeks prescribing authority shall submit a  
18 practice agreement for each practice setting and shall follow  
19 the procedures in subparts 2 to 6.

20 Subp. 2. Application. An applicant shall obtain the  
21 application forms and instruction for filing from the board.  
22 Information required on the application includes the applicant's  
23 name, registered nurse license number, home and practice setting  
24 addresses, home and practice setting telephone numbers, name of  
25 collaborating physician, drug categories and, for the nurse  
26 practitioner, the therapeutic devices that the applicant has  
27 been authorized to prescribe, and the practice specialty of the  
28 nurse practitioner. The application must be notarized. An  
29 applicant shall submit true, complete, and accurate information.

30 An applicant shall submit an application, fee, and  
31 attachments for each written agreement.

32 [For text of subp 3, see M.R.]

33 Subp. 4. Certificate. An applicant shall submit a  
34 notarized copy of the current certificate issued to the  
35 applicant by the national professional nursing organization.

1 Subp. 5. Graduation verification. A nurse practitioner  
2 applicant shall submit a notarized copy of a document such as a  
3 diploma, letter, or certificate that indicates graduation from a  
4 nurse practitioner program. An official transcript may be  
5 submitted in lieu of the notarized document providing that the  
6 transcript clearly indicates that the program of study prepared  
7 the individual for practice as a nurse practitioner. For  
8 clinical specialist applicants, the certification from the  
9 American Nurses Credentialing Center shall be accepted in lieu  
10 of a graduation verification.

11 Subp. 5a. Prescribing course. A clinical specialist  
12 applicant shall submit a document that verifies successful  
13 completion of a prescribing course that meets the specifications  
14 in part 6340.0200, subpart 2a. The document must be completed  
15 by the sponsor of the course.

16 Subp. 6. Written agreement. An applicant shall submit a  
17 copy of the written agreement between the nurse practitioner or  
18 clinical specialist and the collaborating physician.

19 [For text of subp 7, see M.R.]

20 6340.0400 CONFIRMATION OF ELIGIBILITY.

21 Subpart 1. Procedure. When the board has received a  
22 completed application, fee, and attachments, the board shall  
23 determine whether the nurse practitioner or clinical specialist  
24 has demonstrated eligibility to prescribe drugs and, for the  
25 nurse practitioner, therapeutic devices. If the applicant has  
26 demonstrated eligibility for prescribing authority, the board  
27 shall issue a document and identification number.

28 Subp. 2. Document. The board shall issue a document each  
29 time the nurse practitioner or clinical specialist submits the  
30 required evidence to demonstrate eligibility to prescribe. The  
31 board shall print the nurse practitioner's or clinical  
32 specialist's name, identification number, practice setting, and  
33 expiration date on the document. The expiration date on the  
34 document is the same as the registered nurse registration  
35 expiration date. The document authorizes practice only for the



1 practice setting and for the nurse practitioner or clinical  
2 specialist named in the document. It is in effect until the  
3 date of expiration printed on the document or until there is a  
4 loss of eligibility, whichever occurs first.

5 Subp. 3. **Identification number.** The board shall issue an  
6 identification number to a nurse practitioner or clinical  
7 specialist when the nurse practitioner or clinical specialist  
8 has demonstrated eligibility to prescribe. The identification  
9 number must include the prefix "NP" and seven digits or "CS" and  
10 seven digits. The seven digits must be the nurse practitioner's  
11 or clinical specialist's registered nurse license number,  
12 preceded by zeros when necessary.

13 Subp. 4. **Replacement document.** If a nurse practitioner or  
14 clinical specialist requests the replacement of the  
15 authorization to prescribe document, the nurse practitioner or  
16 clinical specialist shall explain in writing the reason for  
17 requesting a replacement. In addition to the request for  
18 replacement, the nurse practitioner or clinical specialist shall  
19 submit a \$5 fee unless the reason for the replacement is failure  
20 to receive the original authorization to prescribe document.  
21 The board shall require substantiation of a name change by  
22 requiring official documentation.

23 6340.0500 VERIFICATION OF CONTINUING ELIGIBILITY.

24 Subpart 1. **Cycle.** The nurse practitioner or clinical  
25 specialist with prescribing authority shall demonstrate  
26 continuing eligibility to prescribe at the time of renewal of  
27 registered nurse registration. The board shall mail a  
28 verification form for demonstrating ongoing eligibility with the  
29 renewal of registration application.

30 Subp. 2. **Required information.** Information required on  
31 the verification of continuing eligibility form includes the  
32 nurse practitioner's or clinical specialist's name, registered  
33 nurse license number, home and practice setting addresses, home  
34 and practice setting telephone numbers, name of collaborating  
35 physician, drug categories, and, for the nurse practitioner,

1 therapeutic devices that have been authorized, and the practice  
2 specialty of the nurse practitioner. The nurse practitioner or  
3 clinical specialist shall submit true, complete, and accurate  
4 information. The nurse practitioner or clinical specialist  
5 shall submit a verification form and fee for each written  
6 agreement. In addition, the nurse practitioner or clinical  
7 specialist shall submit a copy of the current certificate issued  
8 by the national professional nursing organization and a copy of  
9 the current written agreement, signed and dated, by the nurse  
10 practitioner or clinical specialist and collaborating physician.

11 Subp. 3. Fee. The nurse practitioner or clinical  
12 specialist must submit a fee of \$20 with the verification of  
13 continuing eligibility. The fee must be paid to the board and  
14 is not refundable.

15 6340.0600 LOSS OF ELIGIBILITY.

16 The nurse practitioner's or clinical specialist's  
17 prescribing authority ceases immediately if one or more of the  
18 following occur:

19 A. change or loss of collaborating physician within  
20 the practice setting;

21 B. failure to renew registration as a registered  
22 nurse;

23 C. failure to demonstrate continuing eligibility to  
24 prescribe at the time of renewal of registration;

25 D. failure to maintain a nurse practitioner or a  
26 clinical specialist certificate issued by the national  
27 professional nursing organization;

28 E. change of practice setting;

29 F. termination of the written agreement by either  
30 party;

31 G. revocation of the certificate by the national  
32 professional nursing organization; or

33 H. disciplinary action taken by the board which  
34 affects the registered nurse license or current registration  
35 certificate.

1 The nurse practitioner or clinical specialist shall report  
2 in writing any of the occurrences in items A to H to the board  
3 within 30 days.

4 6340.0700 PROCEDURE FOR REESTABLISHING PRESCRIBING AUTHORITY.

5 Subpart 1. Reestablishing prescribing authority; first  
6 part. For loss of eligibility as described in part 6340.0600,  
7 items A to D, the following documentation is required to  
8 reestablish eligibility.

9 A. If the collaborating physician changes within the  
10 practice setting, then the nurse practitioner or clinical  
11 specialist shall submit a copy of the written agreement that  
12 includes the name of the current collaborating physician.

13 B. If the nurse practitioner or clinical specialist  
14 fails to renew registration as a registered nurse, then the  
15 licensee shall meet the requirements for registered nurse  
16 reregistration.

17 C. If the nurse practitioner or clinical specialist  
18 fails to demonstrate continuing eligibility to prescribe at the  
19 time of renewal, then the nurse practitioner or clinical  
20 specialist shall submit the verification of eligibility form and  
21 fee.

22 D. If the nurse practitioner or clinical specialist  
23 fails to maintain current certification, then the nurse  
24 practitioner or clinical specialist shall meet the certification  
25 requirements of the national professional nursing organization  
26 and submit a copy of the current certificate.

27 Subp. 2. Reestablishing prescribing authority; second part.  
28 For loss of eligibility as listed in part 6340.0600, item E or  
29 F, the nurse practitioner or clinical specialist shall follow  
30 the procedures in items A to D to reestablish eligibility.

31 A. An applicant shall obtain the application forms  
32 and instruction for filing from the board. Information required  
33 on the application includes the nurse practitioner's or clinical  
34 specialist's name, registered nurse license number, home and  
35 practice setting addresses, home and practice setting telephone

1 numbers, name of collaborating physician, drug categories and,  
2 for the nurse practitioner, therapeutic devices that have been  
3 authorized, and the practice specialty of the nurse  
4 practitioner. The application must be notarized. An applicant  
5 shall submit true, complete, and accurate information.

6 The nurse practitioner or clinical specialist shall submit  
7 an application, fee, and attachments for each written agreement.

8 B. An applicant shall submit a fee of \$50 with the  
9 application. The fee must be paid to the board. If for any  
10 reason the applicant is not eligible for prescribing authority,  
11 the fee is not refundable.

12 C. An applicant shall submit a copy of the current  
13 certificate issued by the national professional nursing  
14 organization.

15 D. An applicant shall submit a copy of the current  
16 written agreement.

17 Subp. 3. Reestablishing prescribing authority; third  
18 part. For loss of eligibility as listed in part 6340.0600, item  
19 G, the national professional nursing organization shall have  
20 reinstated the certificate. After the nurse practitioner or  
21 clinical specialist has been recertified, the nurse practitioner  
22 or clinical specialist shall follow the procedures in subpart 2  
23 to reestablish eligibility.

24 Subp. 4. Reestablishing prescribing authority; fourth  
25 part. For loss of eligibility as listed in part 6340.0600, item  
26 H, the board shall have issued the nurse practitioner or  
27 clinical specialist an unconditional registered nurse license or  
28 current registration certificate. After the board orders an  
29 unconditional license, the nurse practitioner or clinical  
30 specialist shall follow the procedures in subpart 2 to  
31 reestablish eligibility.

32 6340.0800 CHANGES REQUIRING NOTIFICATION TO THE BOARD.

33 Subpart 1. Name change. The nurse practitioner or  
34 clinical specialist who has a name change shall notify the board  
35 in writing within 30 days.

1 Subp. 2. Address change. The nurse practitioner or  
2 clinical specialist who has a change in home or practice setting  
3 address shall notify the board in writing within 30 days.

4 Subp. 3. Telephone number change. The nurse practitioner  
5 or clinical specialist who has a change in home or practice  
6 setting telephone number shall notify the board in writing  
7 within 30 days.

8 Subp. 4. Change in categories of drugs. The nurse  
9 practitioner or clinical specialist who adds or deletes  
10 categories of drugs shall notify the board in writing within 30  
11 days.

12 Subp. 5. Changes in written agreement. The nurse  
13 practitioner or clinical specialist and collaborating physician  
14 shall initial and date any changes. At the time of verification  
15 of continuing eligibility to prescribe, the nurse practitioner  
16 or clinical specialist shall submit a copy of the current  
17 written agreement that incorporates the changes.

18 6340.0900 IDENTIFICATION.

19 Subpart 1. Identification. In writing prescriptions, the  
20 nurse practitioner or clinical specialist shall include the  
21 nurse practitioner's or clinical specialist's name, initials,  
22 practice setting, and telephone number.

23 Subp. 2. Initials. The nurse practitioner shall use the  
24 abbreviation "NP" with the prefix letter designating the  
25 practice specialty as follows:

- 26 A. gerontological nurse practitioner, "GNP";
- 27 B. adult nurse practitioner, "ANP";
- 28 C. family nurse practitioner, "FNP";
- 29 D. school nurse practitioner, "SNP";
- 30 E. pediatric nurse practitioner, "PNP";
- 31 F. women's health care nurse practitioner, "WHNP";

32 and

- 33 G. neonatal nurse practitioner, "NNP."

34 The clinical specialist shall use the abbreviation "CS."

35 6340.0950 CERTIFIED NURSE MIDWIFE.

1 Subpart 1. Requirements. A certified nurse midwife (CNM)  
2 shall notify the board of certification by the national  
3 professional nursing organization that certifies nurse  
4 midwives. The board shall accept a copy of the current  
5 certificate as verification of certification as a nurse  
6 midwife. A certified nurse midwife shall submit a copy of the  
7 certificate at the time of original application for licensure,  
8 at the time of initial certification as a nurse midwife if this  
9 occurs after original licensure in Minnesota, and at each  
10 renewal of registration or reregistration. ~~In addition,~~  
11 ~~certified-nurse-midwives-shall-provide-the-address-of-their~~  
12 ~~practice-setting.~~ A nurse midwife shall notify the board of  
13 loss of certification within 30 days of loss of certification.

14 Subp. 2. Information to pharmacists. The name~~,~~ ~~practice~~  
15 ~~address,~~ and license number of each certified nurse midwife must  
16 be included on every list pursuant to part 6340.1000.

17 6340.1000 NOTIFICATION OF PHARMACISTS.

18 Subpart 1. Initial notification. On March 1, 1992, and  
19 every year thereafter, the board shall mail a list of all nurse  
20 practitioners and clinical specialists with prescribing  
21 authority and certified nurse midwives to the Board of Pharmacy  
22 and all pharmacies in Minnesota.

23 Subp. 2. Maintaining notification. After the initial and  
24 the annual notification, the board shall notify the Board of  
25 Pharmacy on a monthly basis of changes in the list of the nurse  
26 practitioners and clinical specialists with prescribing  
27 authority as well as any changes in the list of certified nurse  
28 midwives. This change list must include additional nurse  
29 practitioners and clinical specialists who are eligible to  
30 prescribe, those nurse practitioners and clinical specialists  
31 who have lost eligibility to prescribe, and those nurse  
32 practitioners and clinical specialists who have reestablished  
33 their eligibility to prescribe. The change list must include  
34 certified nurse midwives who have notified the board of their  
35 certification or loss of certification.

1       Subp. 3. Nurse practitioner, clinical specialist, or nurse  
2 midwife information. The information about each nurse  
3 practitioner or clinical specialist that must be included on  
4 every list is as follows: the name of the nurse practitioner or  
5 clinical specialist, identification number, practice specialty,  
6 practice setting name, practice setting address, and practice  
7 setting telephone number. For those nurse practitioners or  
8 clinical specialists who have lost eligibility to prescribe, the  
9 practice setting telephone number may be omitted. For nurse  
10 midwives, the information must include the nurse midwife's name,  
11 ~~practice-address,~~ and license number.

12       Subp. 4. Master record. The board shall maintain  
13 information on each nurse practitioner and clinical specialist  
14 that includes the drug categories and, for the nurse  
15 practitioner, the therapeutic devices that the nurse  
16 practitioner is authorized to prescribe. This information shall  
17 be made available to pharmacists on request.

18 6340.1100 VIOLATION OF RULES.

19       Any nurse practitioner, clinical specialist, or nurse  
20 midwife who violates a rule in this chapter is subject to board  
21 disciplinary action under Minnesota Statutes, sections 148.261,  
22 subdivision 1, and 148.262.