**APN Clinical Roles Differences in Other States**

**Part One**

Practicing as an APN in Washington requires that a graduate degree, certification, licensure, and renewal of the license are conducted in Washington. All APRN nurses who practice in the state obtain their licenses by the Washington State Department of Health Nursing Commission (McCullagh, 2012). It is a prerequisite that all practicing RNs hold a current license that is recognized by the Commission. However, individuals who have not been licensed to practice in Washington or any other state can apply for jobs through the Registered Nurse by Examination Application Packet. Application for a license in Washington if an individual bears licensure if another state occurs through the Registered Nurse Activation by Endorsement Application Packet. Those who have been trained outside the US do so through the Registered Nurse Trained Outside the US Application Packet. Finally, if one’s Washington license is inactive or has expired, it may be restored under the Registered Nurse Expired Credential Activation Application Packet (Siow & Ng, 2013).

One obtains a license after the completion of a graduate degree in advanced nursing within the past one year. National certification is then earned through independent national accreditation agencies that are recognized by the state’s Nursing Commission. In Washington, the certification is acquired through an examination which measures one’s competency in various areas of specialization. Applying for licensure will then require that one submits the US social security number according to the federal law. Therefore, licensure is not granted using an Individual Taxpayer Identification Number or a Canadian Social Insurance number. Finally, the license is renewed after every two years, specifically on a holder’s date of birth. Renewal should be applied for before the expiry, during which associated fees and required documents are submitted (McCullagh, 2012).

Licensure in Illinois also requires that one studies and gets accredited in the state, although exceptions for other students provided in Washington are quite similar for Illinois. Obtaining a license in this state also requires that one gets a graduate degree which may either be at the graduate level or that of post graduate. However, in Illinois, earning national certification requires that one meets a national certification body's requirements in education, experience, and examination. Application for licensure then follows through the Advanced Practice Nurse Licensure Application. Specifications have also been made for the expiry of these licenses in Illinois whereby they expire on May 31st of every even-numbered year and can be renewed online (Law & Marks, 2013). Apart from the renewal fees, renewal requires that one submits a copy of their national certification, RN license, and a proof of 50 completed continuing education hours in the past two years. Therefore, maintaining an APN license in Illinois requires that one completes 50 hours of CE every two years. APNs in California are under the jurisdiction of the California Board of Registered Nursing (BRN) (Siow & Ng, 2013).

All certified APNs must also be mandatorily licensed registered nurses. BRN is highly specific about the education and certification requirements of nurse anesthetics, nurse practitioners, and midwives, the latter of which require a ‘furnishing number’ (McCullagh, 2012). Nurse anesthetists qualify when they sit for a program that is recognized by the Council on Accreditation of Nurse Anesthesia Educational Programs after which they are certified by the Council on Certification/ Recertification of Nurse Anesthetics. On the other hand, NPs first complete an in-state program that is recognized by BRN while other accepted organization accredit the certification (Siow & Ng, 2013). One becomes a nurse-midwife by completing a program accredited in California or any other that meets the standards stipulated in Section 1462. Certification is then achieved through the American Midwifery Certification Board. A master’s degree is required for licensure in Clinical Nurse Specialist, Clinical nurse-midwife, nurse anesthetic, and nurse practitioner (Law & Marks, 2013).

**Part Two**

The level of output of NPs is regulated to a large extent by state licensure and differentiates the practice among different states. In part, the NPs are barred from practicing to their full potential regarding their education and training, especially when they practice in a different state. The educational requirements and qualifications may vary from one state to another hence preventing a NP from delivering their whole content (Hain & Fleck, 2014). Although the main aim of licensure goals is to ensure maximum practice authority, they also vary from state to state. Therefore, it can be concluded that full practice authority is the collective of state practices and licensure laws that guide various practitioners in their roles of evaluation, diagnosis, and result interpretation during patient care. These licensure authorities are also responsible for essential care plans such as medicine prescription hence their variations could produce under-optimum results for patients (Porter-O'Grady & Malloch, 2015). Therefore, ensuring full practice authority is an example of an evidence-based strategy that can be used to ensure continuity between state regulatory boards. Under full practice authority, practitioners from various states will be collectively guided on how to make clinical judgments for the attainment of continuity of care (Hain & Fleck, 2014). Full practice authority also brings about autonomous care whereby practitioners are competent enough in their roles and are made accountable to the public and state board. Cooperation and communication between the boards are also other strategies that will ensure that they work in consensus to deliver quality patient care (Porter-O'Grady & Malloch, 2015).

**Part Three**

Healthcare in Nevada has taken a transformative look of becoming more independent through the passage of a bill that gives more mandate to nurse practitioners (Ramanathan, 2014). For this reason, most families who visit clinics may less likely see the doctor since the role played by the doctor can be executed by the NP. Therefore, the duties of nurses will not be necessarily supervised by a doctor. The law has been appreciated by Nevadan nurses who affirm of its essential role in improving healthcare at a time when hundreds of citizens have secured insurance. Therefore, it is likely that more people will be flooding healthcare facilities hence the nurses’ mandate in performing physician roles will help reduce long hour stays during hospital visit (Barina, 2015). Since NPs ought not to be supervised by licensed physicians, they can diagnose, treat, and write a prescription for patients, among other roles that were mainly done b licensed physicians. However, the NPs should perform these roles only if they are licensed to do so through their qualifications.  For instance, prescription of Schedule II controlled substances can only be done unsupervised by an NP who has at least two years or 2000 hours of clinical experience. However, in Nevada, NPs are considered primary care providers (Barina, 2015).

**References**

Barina, R. (2015). New places and ethical spaces: Philosophical considerations for health care ethics outside of the hospital. *HEC Forum, 27*(2), 93-106.

Hain, D., & Fleck, L. (2014). Barriers to nurse practitioner practice that impact healthcare redesign. OJIN: The Online Journal of Issues in Nursing, 19 (2).

Law, M. T., & Marks, M. S. (2013). From certification to licensure: Evidence from registered and practical nurses in the United States, 1950-1970. *The European Journal of Comparative Economics, 10*(2), 177-198.

McCullagh, M. C. (2012). Occupational health nursing education for the 21st century. *Workplace Health & Safety, 60*(4), 167-76.

Porter-O'Grady, T., & Malloch, K. (2015). Quantum Leadership: Building better partnerships for sustainable health

Ramanathan, T. (2014). Law as a tool to promote healthcare safety. *Clinical Governance, 19*(2), 172-180.

Siow, E., & Ng, J. (2013). Internal migration of nurses in the United States: Migratory prompts and difference in job satisfaction between migrants and non-migrants. *Nursing Economics, 31*(3), 128-36.