

ADVANCED PRACTICE REGISTERED NURSE FULL PRACTICE AUTHORITY

1. SUMMARY OF MAJOR CHANGES:

a. Updates oversight responsibilities for Chief Operating Officer, Department of Veterans Affairs (VA) medical facility Director, VA medical facility Chief of Staff, VA medical facility Associate Director for Patient Care Services, and VA medical facility Service Chief.

b. Adds responsibilities for Assistant Under Secretary for Health for Patient Care Services and Veterans Integrated Services Network Director.

2. RELATED ISSUES: VHA Directive 1100.21(1), Privileging, dated March 2, 2023.

3. POLICY OWNER: The Office of Nursing Services (12NUR) is responsible for the content of this directive. Questions may be referred to 202-461-6700 or VHA12NURNursingAction@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local document creation requirements in this directive.

5. RESCISSIONS: VHA Directive 1350, Advanced Practice Registered Nurse Full Practice Authority, dated September 13, 2017.

6. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of September 2030. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Mark A. Koeniger, MD
Acting Assistant Under Secretary for Health
for Patient Care Services, VHA

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

September 3, 2025

VHA DIRECTIVE 1350

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1. POLICY

It is Veterans Health Administration (VHA) policy that certified nurse practitioners (CNP), certified nurse midwives (CNM), and clinical nurse specialists (CNS) are recognized as licensed independent practitioners (LIP) with full practice authority.

NOTE: 38 C.F.R. § 17.415 supersedes any reference to State licensure restrictions stated in VHA Directive 1100.21(1), *Privileging*, dated March 2, 2023, with the exception of State licensure regulations for prescribing of controlled substances. Under 38 C.F.R. § 17.415, an Advanced Practice Registered Nurse (APRN) is subject to the requirements of the Controlled Substances Act, 21 U.S.C. 801 et seq. **AUTHORITY:** 38 U.S.C. § 7301(b); 38 C.F.R. § 17.415.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for:

(1) Supporting the Office of Nursing Services with implementation and oversight of this directive.

(2) Supporting the development of mitigation or corrective actions to address noncompliance with this directive.

c. **Chief Operating Officer.** The Chief Operating Officer is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all Department of Veterans Affairs (VA) medical facilities within that VISN.

(3) Overseeing VISNs to ensure the effectiveness of and compliance with this directive.

d. **Executive Director, Office of Nursing Services.** The Executive Director, Office of Nursing Services is responsible for:

(1) Drafting and maintaining this directive.

(2) Providing consultation regarding APRN practice authorities.

(3) Collaborating with VISN leadership to ensure corrective action is taken when non-compliance is identified.

e. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing Assistant Under Secretary for Health for Patient Care Services and the Chief Operating Officer when barriers to compliance are identified.

(2) Overseeing corrective actions to address noncompliance at the VISN or VA medical facilities within the VISN.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and taking corrective action if noncompliance is identified.

(2) Ensuring that the VA medical facility credentialing and privileging process complies with this directive. **NOTE:** *All responsibilities related to credentialing and privileging processes are located in VHA Directive 1100.20(1), Credentialing of Health Care Providers, dated September 15, 2021, and VHA Directive 1100.21(1), Privileging, dated March 2, 2023.*

g. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff (COS) is responsible for:

(1) Chairing the Executive Committee of the Medical Staff (ECMS).

(2) Ensuring that an APRN is eligible to be appointed as a member of the ECMS or equivalent.

(3) Collaborating with the Associate Director for Patient Care Services (ADPCS) to ensure APRN certification requirements align with work assignments within clinical services.

(4) Consulting with the facility APRN Chief/Lead or subject matter expert regarding basic board certification requirements and ensuring alignment of these requirements with APRN clinical privileges.

(5) Ensuring that clinical performance of APRNs is monitored through Focused Professional Practice Evaluations (FPPE) and Ongoing Professional Practice Evaluations (OPPE) and that clinical performance concerns are addressed through the VA medical facility's ECMS. **NOTE:** *All responsibilities related to proposing privileging actions are located in VHA Directive 1100.21(1).*

h. **VA Medical Facility Associate Director for Patient Care Services.** The VA medical facility ADPCS is responsible for:

(1) Consulting with the CoS related to qualifications in accordance with VA Handbook 5005, Staffing, dated July 8, 2024.

(2) Consulting with CoS for alignment of APRN's board certification with clinical responsibilities granted via privileges. This may include a review of credentials, including education, training, and board certification. **NOTE: ADPCS do not recommend privileges or privileging actions.**

i. **Clinical Service Chief.** The Clinical Service Chief is responsible for:

(1) Clinical oversight of privileged APRNs, including monitoring through FPPE and OPPE. Privileged APRNs report to the clinical service chief or subspecialty chief where the APRN is clinically assigned.

(2) Recommending and proposing privileging actions to the VA medical facility ECMS or its equivalent when an APRN has performed substandard care, demonstrated professional incompetence, or committed professional malpractice.

(3) Recommending approval or disapproval of privileges requested by the APRN.

(4) Complying with Clinical Service Chief responsibilities outlined in VHA credentialing and privileging policies for APRNs within the facility. **NOTE: All responsibilities related to credentialing and privileging processes are located in VHA Directive 1100.20(1) and VHA Directive 1100.21(1).**

3. ELEMENTS OF FULL PRACTICE AUTHORITY

a. The prescribing of controlled substances is determined by the Federal Controlled Substance Act and state regulation.

b. Full practice authority for each of the three APRN roles includes, but is not limited to, providing the following services:

(1) A CNP has full practice authority to:

(a) Obtain comprehensive histories, provide physical examinations and other health assessment and screening activities, diagnose, treat, and manage patients with acute and chronic illnesses and diseases.

(b) Order laboratory and imaging studies and integrate the results into clinical decision making.

(c) Prescribe medication and treatments.

(d) Order durable medical equipment.

(e) Make appropriate referrals for patients and families, and request consultations.

(f) Provide health promotion, disease prevention, health education, and counseling, as well as the diagnosis and management of acute and chronic diseases.

(2) A CNS has full practice authority to:

(a) Perform assessments, manage diagnoses, and provide treatments for an identified population requiring specialty care.

(b) Order laboratory and imaging studies and integrate the results into clinical decision making.

(c) Prescribe medication and treatments.

(d) Order durable medical equipment.

(e) Make appropriate referrals for patients and families, and request consultations.

(f) Provide disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities within their clinical specialty.

(3) A CNM has full practice authority to:

(a) Provide a range of primary healthcare services to women.

(b) Provide gynecologic care, family planning services, preconception care (care that women Veterans receive before becoming pregnant).

(c) Provide prenatal and postpartum care, childbirth, and care of a newborn.

(d) Treat the partner of their female patients for sexually transmitted disease and reproductive health, if the partner is also enrolled in the VA health care system or is not required to enroll.

(e) Order laboratory and imaging studies and integrate the results into clinical decision making.

(f) Prescribe medication and treatments.

(g) Order durable medical equipment.

(h) Make appropriate referrals for patients and families, and request consultations.

4. OVERSIGHT AND ACCOUNTABILITY

a. **Internal Controls.** The internal controls in this directive are leadership oversight as outlined in paragraph 2 of this directive.

b. **Metrics.** The metrics in this directive are developed at the facility level.

5. TRAINING

There are no formal training requirements associated with this directive.

6. BACKGROUND

a. A Federal regulation, 38 C.F.R. §17.415, authorizes full practice authority for three roles of VA advanced practice registered nurses (APRN) when they are acting within the scope of their VA employment. This regulation establishes the professional qualifications an individual must possess to be appointed as an APRN within VA, establishes the criteria under which VA may grant full practice authority to an APRN, and defines full practice authority for each of the three roles of APRN practice.

b. This regulation increases Veterans' access to VA health care by expanding the pool of qualified health care professionals who are authorized to provide primary health care and other related health care services to the full extent of their education, training, and certification, without the clinical supervision of physicians, and it permits VA to use its health care resources more effectively and in a manner that is consistent with the role of APRNs in the non-VA health care sector, while maintaining the patient-centered, safe, high-quality health care that veterans receive within VA and the community.

7. DEFINITIONS

a. **Advanced Practice Registered Nurse.** For purposes of this directive, an APRN is an individual who has completed a nationally-accredited, graduate-level educational program that prepares them for one of the three APRN roles of Certified Nurse Practitioner (CNP), Clinical Nurse Specialist (CNS), or Certified Nurse-Midwife (CNM); has passed a national basic board certification examination that measures knowledge in one of these three roles; and has obtained a license from a state licensing board and maintains such certification or licensure. ***NOTE: All APRNs must maintain full and current national basic board certification in an area of clinical specialty from the American Nurses Credentialing Center (ANCC), American Academy of Nurse Practitioners Certification Board (AANPCB), the American Midwifery Certification Board (AMCB), or other nationally recognized certifying body in the area in which the nurse practitioner is academically prepared. For more information on certification requirements, see the [Nurse/Advanced Practice Nurse Qualification Standards](#). This is an internal VA website that is not available to the public.***

b. **Certification.** Formal board certification is the process by which an APRN demonstrates mastery of advanced knowledge and skills through written testing. National certification validates APRN education and training requirements.

c. **Full Practice Authority.** For purposes of this directive, full practice authority is the authority of an APRN to provide certain services without the clinical oversight or mandatory collaboration of a physician, regardless of state or local law restrictions, when that APRN is working within the scope of their VA employment. For the full practice authority for each APRN category covered in this directive, see paragraph 3.

d. **Licensed Independent Practitioner.** A licensed independent practitioner (LIP) is an individual permitted by law and the VA medical facility through its medical staff bylaws to provide patient care services independently, without supervision or direction,

within the scope of the individual's license and in accordance with privileges granted by the facility.

e. **Medical Staff Bylaws**. Medical staff bylaws are a governance framework that establishes the roles and responsibilities of a body and its members. The bylaws are a written set of documents created by organized medical staff at a VA medical facility that describes the facility's organizational structure and the rules for its self-governance. These documents create a system of rights, responsibilities, and accountabilities between the organized medical staff and the VA medical facility Director as the governing body, and between the organized medical staff and its members. **NOTE:** *The [Bylaws Template published by VA Central Office](#) must be utilized by VA medical facilities utilizing all mandatory content. This is an internal VA website that is not available to the public.*

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

9. REFERENCES

- a. 21 U.S.C. § 801 et seq.
- b. 38 U.S.C. §§ 7301, 7401-7464.
- c. 38 C.F.R. § 17.415.
- d. VA Handbook 5005, Staffing, dated July 8, 2024.
- e. VHA Directive 1100.20(1), Credentialing of Healthcare Providers, dated September 15, 2021.
- f. VHA Directive 1100.21(1), Privileging, dated March 2, 2023.
- g. [VA Bylaws Template](#), published by VA Central Office.
- h. [VA Qualification Standards](#), Office of the Chief Human Capital Officer.