1. What is required by an APRN in order to prescribe hydrocodone combination products (HCP)s?
   a) Submission of new Collaborative Practice Agreement (CPA) with specific wording to include the prescribing of HCP.
   b) Specific approval by the Arkansas State Board of Nursing (ASBN).
   c) Approval by the Drug Enforcement Administration (DEA) by updating registration on DEA website.
   d) All the above.

2. The Prescription Drug Monitoring Program (PDMP):
   a) Alerts the prescriber if his/her patient is being prescribed opioids by more than 10 prescribers within a 30 day period.
   b) Mandates Arkansas prescribers to access the PDMP database prior to prescribing a controlled substance.
   c) Allows for the APRN to delegate to any person in the clinic setting the task of running a PDMP report.
   d) Allows prescribers to not only review a patient’s controlled substance history but also prescriptions for controlled substances filled under the prescriber’s name/DEA registration.

3. Act 1208 of 2015 requires that:
   a) All prescribers, issued prescriptive authority after December 31, 2015, must obtain three (3) hours of prescribing education within the first two years of being granted a license.
   b) A patient being treated for nonmalignant pain to be evaluated at least every year by a physician licensed by the Arkansas State Medical Board.
   c) A current PDMP report be reviewed at every visit and documented in the patient’s medical record.
   d) A current pain contract be maintained and include only random pill counts.

4. Each APRN may delegate the task of running PDMP reports. The rules for this delegated task include:
   a) The task remains under the supervision of the APRN.
   b) The delegate may be any member of the clinic that is felt to be a trustworthy employee.
   c) The delegate must use the APRN’s account and password.
   d) Only one nurse may be delegated the task of running a PDMP report.

5. Act 824 deals with Collaborative Practice Agreements. The collaborative physician must:
   a) Be in an active practice; not retired.
   b) Be licensed by the Arkansas State Medical Board.
   c) Have training in scope, specialty, or expertise to that of the APRN.
   d) All the above.
6. Effective January 1, 2017, all APRN’s with a Prescriptive Authority Certificate must obtain five (5) hours of pharmacotherapeutic continuing education hours with two (2) of the five (5) hours related to maintaining professional boundaries, prescribing rules and regulations, and laws that apply to the APRN’s in the state.  T or F.

7. All APRN’s with prescriptive authority, who are under a disciplinary order for a violation of the Arkansas Nurse Practice Act (NPA) and/or Rules involving prescription drugs, shall review a current PDMP report (run within the past 30 days) prior to prescribing any opioid. This review is not required to be documented in the patient’s medical record.  T or F.

8. A Collaborative Practice Agreement (CPA) is only required if prescribing medications. The CPA requires:
   b. Availability of the collaborative physician for consultation, referral, or both.
   c. Availability of protocols if requested to include methods of management.
   d. Plans for coverage in absence of APRN or physician
   e. All the above.

9. APRNs with prescriptive authority shall have protocols available at the practice site and readily available if requested. These protocols must:
   a. Include indications for and classifications of legend drugs, controlled substances and therapeutic devices which will be prescribed or administered by the APRN.
   b. Be reviewed at least annually.
   c. Be adhered to or the APRN must obtain a specific written or verbal order from the collaborating physician if the APRN prescribes outside the protocols. There also must be documentation of the consultation with the collaborating physician in the patient’s medical record.
   d. All the above.

10. An APRN terminating a CPA has 10 days in which to notify the ASBN.  T or F.

11. Submitting a CPA to the ASBN is all that is required prior to initiating prescribing.  T or F.

12. Disciplinary action can be taken against a nurse if the nurse knowingly ignores the behaviors of another nurse violating the Nurse Practice Act. This constitutes unprofessional conduct.  T or F.

13. An APRN can delegate an injection to a medical assistant.  T or F.

14. An APRN can use the title of “Doctor” in the clinical setting.  T or F.

15. Failure to wear a name badge with title which is clearly visible to patients and families constitutes unprofessional conduct and is subject to disciplinary action.  T or F.
16. The establishment of professional boundaries is the responsibility of the:
   a. Patient.
   b. Nurse.
   c. Family members.

17. The most common type of boundary crossing is:
   a. Under involvement.
   b. Over involvement.
   c. Sexual misconduct.
   d. Neglect.

18. The best practice for APRN treatment of self and/or family members is to have another provider treat them, especially when prescribing medications or controlled substances. T or F.

19. A sexual relationship between the provider and the patient is considered sexual misconduct even if the client initiates sexual advances. T or F.

20. According to the National Council of State Boards of Nursing (NCSBN), most interactions between the provider and the patient should occur in the “Zone of Helpfulness”. T or F.