



# State Policy Fact Sheet: Rhode Island

## Nurse Practice Act: Gen.Laws 1956 § 5-34-1.1

### Regulatory Structure: Full Practice

Rhode Island practice and licensure laws authorize nurse practitioners (NPs) to evaluate patients, diagnose and prescribe medications and therapeutic measures.

Gen.Laws 1956, § 5-34-44

### Regulatory Agency

NP licensure is regulated exclusively by the [Board of Nursing](#) (BON).

Gen.Laws 1956, § 5-34-7

### Licensure Requirements

Requirements include a registered nurse license, a graduate degree in an NP role and national certification.

Gen.Laws 1956, § 5-34-45

### Continuing Education (CE)\*

Ten CE hours are required every two years. See the BON for details.

216-RICR- 40-05-3.5

### Malpractice Insurance

Rhode Island NPs are required to maintain malpractice insurance in the amount of \$100,000 per claim and \$300,000 in the aggregate.

Gen.Laws 1956, § 42-14.1-2

### Medical Staff Membership\*\*

Medical staff is composed in accordance with hospital bylaws.

216-RICR- 40-10-4.5

### Primary Care Providers

NPs are defined in law as primary care providers.

Gen.Laws 1956, § 5-34-3

### Signature Recognition on Items of Patient Care

- Signature Recognition: Rhode Island grants NPs signature recognition.  
Gen.Laws 1956, § 5-34-42
- Physical Therapy: NPs are authorized to refer to physical therapy.  
Gen.Laws 1956, § 5-34-49
- Parking Permits: NPs are authorized to provide proof of disability for disabled parking permits.  
Gen.Laws 1956, § 5-34-42
- DNR: NPs are authorized to sign Do Not Resuscitate orders.  
Gen.Laws 1956, § 23-4.11-3.1
- Death Certificates: NPs are authorized to sign death certificates.  
Gen.Laws 1956, § 5-34-42
- Rhode Island Provider Orders for Life Sustaining Treatment (POLST)/Medical Orders for Life-sustaining Treatment (MOLST): The MOLST form may be signed by an NP.  
Gen.Laws 1956, § 23-4.11-2

\*Contact hours in specific topics may be required. Please contact your state Board of Nursing for current information.

\*\*Medical Staff Membership refers to governing and voting privileges and is not reflective of clinical or admitting privileges within institutions.

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