



State Policy Fact Sheet: Indiana

Nurse Practice Act: IC 25-23

Regulatory Structure: Reduced Practice

Indiana constrains nurse practitioner (NP) licensure and practice.
IC 25-23-1-19.4

Indiana NPs are required by law to maintain a regulated collaborative agreement with a physician for at least one element of NP practice.

IC 25-23-1-19.4

See Board of Nursing for more information.

IC 25-23-1-19.5

Regulatory Agency

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

IC 25-23-1-0.1

Licensure Requirements

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

IC 25-23-1-19.5

Schedule II Controlled Substance Prescriptive Authority

NPs are not presently authorized to prescribe Schedule II controlled substances for the purpose of weight reduction or to control obesity.

Ind. Code Ann. § 35-48-3-11

Continuing Education (CE)*

Thirty CE hours are required every two years.

IC 25-23-1-19.7 & 848 IAC 5-1-3

Medical Staff Membership**

Hospital boards may establish rules concerning qualification for admission to medical staff.

IC 16-22-3-9

Primary Care Providers

NPs are recognized in state law as primary care providers.

IC 12-15-5-14

Signature Recognition on Items of Patient Care

- Physical Therapy: NPs are authorized to refer to physical therapy.
IC 25-27-1-2(b); 405 IAC 5-22-6
- Parking Permits: NPs are authorized to certify disability for disabled parking permits.
IC 9-18.5-8-4
- DNR: NPs are presently authorized to sign Do Not Resuscitate orders.
IC 16-36-5-12
- Death Certificates: NPs are authorized to sign death certificates as the advanced practice registered nurse last in attendance.
IC 16-18-2-7.3 & IC 16-37-3-5
- Indiana Provider Orders for Life Sustaining Treatment (POLST)/Physician Orders for Scope of Treatment (POST): NPs are authorized to sign the POST form.
IC 16-36-6-7

*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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