Arkansas: the rules for aesthetic practice

What Arkansas's laws and boards say about who may do aesthetic treatments, who must supervise them, and who can own the practice.

Nurse practitioners: Reduced Practice (full independent practice available after 6,240 hours)

Nurse practitioners

Reduced (AANP). APRNs prescribe under a collaborative practice agreement with a physician (Ark. Code §17-87-310) until they hold full independent practice authority. Since Act 412 of 2021, a CNP or CNS with an unencumbered Arkansas license and prescriptive authority may apply after 6,240 hours under a collaborative agreement (physician affidavit, 2 recommendation letters, 5 hours of advanced pharmacology CE in the last 2 years, $150). A Board of Nursing committee decides quarterly; the certificate renews every 3 years. With it, the APRN prescribes without a collaborative agreement (17 CAR Part 130). Schedule II is limited to hydrocodone combination products, opioids and stimulants, under specific requirements.

Collaborative agreement

On the Board's current form: a collaborating physician whose training matches the APRN's practice (unrestricted DEA registration if the APRN prescribes controlled substances), how the practice is managed and prescribing protocols, how the physician is available for consultation or referral, coverage when either is absent, every practice site, and the controlled-substance categories. A signed quality assurance plan is attached. The APRN may not practice under it until the Board sends an approval letter, and must tell the Board within 7 days if it ends; without one on file, prescriptive authority is inactivated.

Delegating to RNs, estheticians and staff

Board of Nursing Position Statement 21-1 (revised 2022): trained RNs and APRNs may do aesthetic procedures; LPNs may not. RNs work from a patient-specific order; standing orders are acceptable only if documented in the patient's record, reviewed by the prescriber yearly, and naming the patient, diagnosis, procedure, site, drug and dose, frequency, and emergency and follow-up instructions. The physician or APRN must be available during the procedure, in person or electronically, and competency is documented in the nurse's personnel file. A revised 21-1 and a new IV hydration statement (26-1) were out for comment in October 2026 and are not yet adopted. Lasers and esthetician scope were not checked in November 2026.

Who can own the practice

Every officer, director and shareholder of a medical corporation or medical PLLC must be licensed under the Medical Practices Act (Ark. Code §4-29-307, §4-38-1203), which the Board of Nursing reads as physicians and PAs. The Board of Nursing's December 2025 overview says nursing law doesn't bar APRNs from forming LLCs or corporations for advanced practice nursing services, but calls the rules conflicting, so APRN ownership of a med spa is not settled. Confirm the entity type with an Arkansas healthcare attorney.

The biggest risk in Arkansas. Practicing under a new collaborative agreement before the Board's approval letter arrives, or using standing orders that aren't in the patient's record and reviewed yearly.

Check it with your boards: Arkansas State Board of Nursing - healthy.arkansas.gov/boards-commissions/boards/nursing-arkansas-state-board and Arkansas State Medical Board - armedicalboard.org. Checked November 3, 2026. Rules change, so read the current rule on the board's own site before you act.

Ask S.A.G.E. next. S.A.G.E., our AI practice advisor, answers from this same Arkansas reference, free in your TMAA account, which you can set up at go.medicalaestheticsassociation.com/start-here. Try:

1. I'm an RN in Arkansas. What has to be in place before I offer injectables?
2. What must my medical director agreement cover in Arkansas?
3. What can an esthetician do in Arkansas, and what needs an order?

S.A.G.E. is not legal advice. For a binding answer, talk to a healthcare attorney in your state.