Collaborative Practice Agreement Template (NP)
Assignment Guidelines

This agreement sets forth the terms of the Collaborative Practice Agreement between (name of advanced practice nurse):

and (name of supervising physician)

at (name of practice)

This agreement shall take effect on (date)

Introduction
Include in this section, a statement that indicates that you meet the qualifications and practice requirements of the state you are in, including the state laws regulating your practice, current license as a registered nurse, and your certification as a nurse practitioner since the date of your first registration as a nurse practitioner. Download and print a copy of your registration as a RN from the NCBON website. Also include a statement that identifies the physician with whom you have your practice agreement. (Note that you will need a collaborative practice agreement with each physician you are working collaboratively with as a nurse practitioner.)

Availability of Supervising Physician Backup
Dr. ____________________________ (primary supervising physician) or Dr. ____________________________ (back-up supervising physician) shall be continuously available to ____________________________ (your name) for consultation by direct communication or telecommunication.

Patient Population/Scope of Practice
Include in this section the types of patients typically seen, the common diagnoses/problems you will treat and manage. Describe the patients or disease management situations that require the primary supervising physician (or backup supervising physician) direct participation in the care you provide. Outline the minimum standards for consultation with the primary supervising physician or backup supervising physician and how these standards will be documented in practice. Describe how consultation and referral of patients will be managed in the practice.

Outline the pre-determined plan for emergency situations/services.

Prescribing Authority
Include in this section the drugs and devices that will typically be prescribed in the practice site. Outline the drugs, devices, medical treatments, test and procedures that can be prescribed, ordered and performed in the practice setting. Describe how new rules in prescribing and dispensing drugs and devices that are not in the Collaborative Practice Agreement will be managed. Indicate whether control substances will be prescribed.


**Documentation**

This agreement must be agreed upon and signed by the primary supervising physician and the nurse practitioner and maintained at the practice site. The review of the Collaborative Practice Agreement shall be done at least yearly. A dated signature sheet signed by the primary supervising physician and the nurse practitioner will be appended to the Collaborative Practice Agreement and be available for review by the Boards.

Discuss legal requirements regarding counter-signing of nurse practitioner notations of medical acts when beginning practice.

Discuss documentation of meetings with primary supervising physician and intervals when they must occur.