

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Cover Sheet for Advanced Practice Nurse Collaborative Agreement

1. Name of Facility: _____
2. Name of Advanced Practice Nurse: _____
3. Indiana License Number for RN and Certification for Advanced Practice Nurse (RN/APN/CSR). Please indicate if application is pending:

4. Type of Request (Check One):
_____ New Collaborative Agreement _____ Additional Collaborative Agreement
5. For any Collaborative Agreements are the following included:
_____ Name, business address, home address, zip codes, telephone numbers and license numbers for APN and physician
_____ Coverage Clause Included
_____ Review Clause Included
6. For changes in Collaborative Agreements please place a check next to the type(s) and include a detailed over letter on letterhead which indicates exactly which physicians you are adding/deleting/keeping, which locations you are adding/deleting/keeping and the date the changes should take effect:
_____ Add Physician to existing Agreement with no other changes
_____ Delete Physician from existing Agreement with no other changes
_____ Change Physicians on existing Agreement with no other changes
_____ Add locations to existing Agreement with no other changes
_____ Delete locations to existing Agreement with no other changes
_____ Change location to existing Agreement
_____ Cancel Current CSR
_____ Request to Update CSR

****Please Note: If you do not have a CSR and you intend to administer and dispense controlled substances, you must fill out the CSR application, pay the fee and complete the requirements including but not limited to the criminal background check.****