

**\*TEMPLATE\***

**Collaborative Practice Agreement for Advanced Practice Nurses Requesting Prescriptive Authority**

*Rule 848 IAC 5-1-1 – Initial Authority to Prescribe Legend Drugs*

**1. Complete names, home and business addresses, zip codes, and telephone numbers of the licensed practitioner and the advanced practice nurse:**

Licensed Practitioner:

Licensed Practitioner name and license number  
Street address of home  
City, State & Zip of home  
Home phone number

Business street address  
City, State & Zip of business  
Business phone number

Advanced Practice Nurse:

Advanced Practice Nurse name and license number  
Street address of home  
City, State & Zip of home  
Home phone number

Business street address  
City, State & Zip of business  
Business phone number

**2. List of all locations where prescriptive authority is authorized by this agreement.**

Business street address  
City, State & Zip of business  
Business phone number

**3. List all specialty or board certifications of the licensed practitioner and the advanced practice nurse.**

Licensed practitioner is certified as a \_\_\_\_\_ with a practice specialty in \_\_\_\_\_. The advanced practice nurse is a nurse practitioner, clinical nurse specialist, certified nurse midwife, etc., with a specialized certification as a family nurse practitioner, etc.

**4. Briefly describe the specific manner of collaboration between the licensed practitioner and advanced practice nurse. *Specifically, how they will work together, how they will share practice trends and responsibilities, how they maintain geographic proximity and how they will provide coverage during an absence, incapacity, infirmity or emergency by the licensed practitioner.***

***How they will work together:***

The licensed practitioner and advanced practice nurse shall collaborate on a continual basis, etc.

***How they will share practice trends and responsibilities:***

The advanced practice nurse shall make rounds at the request of the licensed practitioner and consult with the license practitioner as needed, etc.

***How they maintain geographic proximity:***

The licensed practitioner will maintain a physical presence within a reasonable geographic proximity to the advanced practice nurse's practice location.

***How they will provide coverage during absence, incapacity, infirmity or emergency by the license practitioner:***

In the case of the absence, incapacity, or unavailability of the licensed practitioner, coverage and consultation will be coordinated and maintained by another licensed practitioner as arranged in advance by the licensed practitioner and the advanced practice nurse.

**5. Provide a description of limitations, if any, the licensed practitioner has placed on the advanced practice nurse's prescriptive authority.**

There are no additional limitations on the advanced practice nurse or there are the following limitations on the advanced practice nurse, etc.

**6. Provide a description of the time and manner of the licensed practitioner's review of the advanced practice nurse's prescribing practices. *Specifically, the description should include provisions that the advanced practice nurse must submit documentation of prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, at least a five (5) percent random sampling of the charts and medications prescribed for patients.***

The advanced practice nurse must submit documentation of the advance practice nurse's prescribing practices within seven days to the licensed practitioner for review. The documentation of prescribing practices shall include at least a five percent random sampling of the charts and medications prescribed for patients.

**7. Provide a list of all other written practice agreements of the licensed practitioner and advanced practice nurse.**

There are no other practice agreements or list all other practice agreements, etc.

**8. Provide the duration of the written practice agreement between the licensed practitioner and advanced practice nurse.**

Either party may terminate this practice agreement without cause at any time, effective immediately upon notice to the other party, etc.

***Signature of licensed practitioner:***

***Signature of advanced practice nurse:***

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**Date:**

**Date:**

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