

## Collaborative Practice Agreement

This agreement is for the management of the collaborative practice between:

Shannon McKinney, APRN, and Arkansas Physician MD/DO.

The physician hereby agrees to be available to the Advanced Practice Registered Nurse (APRN), either in person or via electronic or telephonic communication, for consultation and referral. Mutually agreed upon protocols for Prescriptive Authority will be utilized by the APRN as a guide for general categories of health states. The APRN shall limit prescribing to the area of educational preparation and national certification as noted below.

The above named APRN is authorized to prescribe drugs from each of the categories of controlled substances below which are initialed by the collaborating physician and APRN.

SM  
SM  
SM  
SM

AP  
AP  
AP  
AP

- Drugs listed in Schedule III-V of the Controlled Substance Act (CSA), §17-87-310 (b)(2)
- Hydrocodone combination products from Schedule II of the CSA, §17-87-310 (b)(2)(A)
- Schedule II opioids and /or stimulants, §17-87-310 (b)(2)(B)
- Not requesting ability to prescribe controlled substances

Do not initial all of these!

Should an emergency arise, in the absence of the APRN or the collaborating physician, comparable coverage shall be arranged at the first possible opportunity by the APRN.

Until that time, clients will be referred to Name of Emergency Hospital (i.e. UAMS) or Nearest Emergency Department for 24-hour emergency services for the clients of Name of Clinic/Practice/Employer.

There is a written provision for quality assurance (attach the Quality Assurance Plan). Compliance with the quality assurance plan shall be submitted to the Board upon request.

This agreement of professional collaboration is by no means intended as a business contract but rather as a document that fulfills the requirements for Prescriptive Authority as set forth in the Arkansas Nurse Practice Act §17-87-310 (a)(2)(B). The signatures below signify agreement to the terms of the collaborative practice.

Shannon McKinney APRN

Print Name Shannon McKinney

APRN AR License # A004386

Certification/Specialty Women's Health

Additional Certification N/A

Practice Name Name of Clinic/Practice/Employer

Practice Address (Street, City, State, Zip):

1 Example Street

City, State, Zip

Date Signed 6/17/2025

Practice Phone # 501-686-2725

Arkansas Physician MD/DO

Print Name Arkansas Physician, MD

MD/DO AR License # A-1234

Primary Specialty OB/Gyn (must match ASMB Database)

☐ Practice Name Same as APRN

Practice Name Name of Physician's Practice

Practice Address (Street, City, State, Zip):

100 Example Drive

City, State, Zip

Date Signed 6/17/2025

Names must match!

If you hold more than one national certification, list both on your CPA and QA plan.