

# Collaborative Practice Agreement

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

\_\_\_\_\_, APRN, and \_\_\_\_\_ 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.**

- \_\_\_\_\_ **a. Drugs listed in Schedule III-V of the Controlled Substance Act (CSA), 17-87-210 (b)(A)**
- \_\_\_\_\_ **b. Hydrocodone combination products from Schedule II of the CSA, 17-87-210 (b)(2)(A)**
- \_\_\_\_\_ **c. Schedule II opioids and /or stimulants, 17-87-310 (b)(2)(B)**
- \_\_\_\_\_ **d. Not requesting ability to prescribe controlled substances**

Should an emergency arise, necessitating the absence of the APRN or the collaborating physician from patient care responsibilities, provision for comparable coverage shall be arranged at the first possible opportunity. Until that time, \_\_\_\_\_ will provide emergency services 24-hours daily for the clients of \_\_\_\_\_.

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*. The signatures below signify agreement to the terms of the collaborative practice.

\_\_\_\_\_, APRN

\_\_\_\_\_, MD/DO

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

APRN AR License # \_\_\_\_\_

MD/DO AR License # \_\_\_\_\_

Certification/Specialty \_\_\_\_\_

Primary Specialty \_\_\_\_\_

Additional Certification \_\_\_\_\_

Practice Site Same as APRN

Practice Site \_\_\_\_\_

Practice Site \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

Practice Phone # \_\_\_\_\_

## Collaborative Practice Agreement with Multiple Physicians

The signatures below signify mutual agreement to the terms of the Collaborative Practice Agreement.

\_\_\_\_\_, MD/DO MD/DO AR License # \_\_\_\_\_  
Print name \_\_\_\_\_ Primary Specialty \_\_\_\_\_  
Practice Site \_\_\_\_\_ Practice Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (County) (Zip)  
 Practice site same as APRN  
Date Signed \_\_\_\_\_

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\_\_\_\_\_, MD/DO MD/DO AR License # \_\_\_\_\_  
Print name \_\_\_\_\_ Primary Specialty \_\_\_\_\_  
Practice Site \_\_\_\_\_ Practice Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (County) (Zip)  
 Practice site same as APRN  
Date Signed \_\_\_\_\_

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\_\_\_\_\_, MD/DO MD/DO AR License # \_\_\_\_\_  
Print name \_\_\_\_\_ Primary Specialty \_\_\_\_\_  
Practice Site \_\_\_\_\_ Practice Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (County) (Zip)  
 Practice site same as APRN  
Date Signed \_\_\_\_\_

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\_\_\_\_\_, MD/DO MD/DO AR License # \_\_\_\_\_  
Print name \_\_\_\_\_ Primary Specialty \_\_\_\_\_  
Practice Site \_\_\_\_\_ Practice Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (County) (Zip)  
 Practice site same as APRN  
Date Signed \_\_\_\_\_

***\*Additional copies of this sheet can be copied and included***