



Collaborative Practice Agreement

This document is a formal written statement addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse (APRN) and one or more licensed physician(s). Please read and complete all four pages.

This Document is a Collaborative Agreement Between:

Name of APRN	APRN Specialty, if any	License #
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and:

Name of Primary Supervising Physician	Medical Specialty	License #
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The following physician(s), who share a practice with the primary supervising physician, may act as secondary supervising physician(s) to the APRN:

Secondary Physician	Medical Specialty	License #
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Secondary Physician	Medical Specialty	License #
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Secondary Physician	Medical Specialty	License #
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Secondary Physician	Medical Specialty	License #
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This agreement will begin on (date) _____
and will continue indefinitely unless terminated as outlined in the agreement.

APRN Information

Home Address

Business Address

City/State/Zip

Telephone

Certifications

If the APRN is a party to any other written practice agreement(s), please list below:

Primary Supervising Physician Information

Home Address

Business Address

City/State/Zip

Telephone

Board Certifications

Specialty Certifications

If the supervising physician is a party to any other written practice agreement(s), please list below:

In addition to the above business address, the APRN is authorized by the supervising physician to prescribe at the following locations:

IMPORTANT: At every location which the APRN is authorized to prescribe, a prominent notice must be displayed to inform patients that they may be seen by an advanced practice registered nurse and have the right to see the supervising physician.

The supervising physician and APRN agree to the following protocols in the event the supervising physician is absent, incapacitated, infirm, or drawn away on an emergency:

At the discretion of the supervising physician, the APRN has the authority to prescribe controlled substances in the manner described below:

At the discretion of the supervising physician, the APRN has the authority to prescribe the following controlled substances:

The supervising physician will review the prescribing practices of the APRN in the following manner:

Duties of the Physician

- 1) The physician is responsible for the supervision of the APRN in all settings.
- 2) The physician is responsible for managing the health care of patients in all practice settings.
- 3) In an integrated practice with an APRN, the physician is responsible for supervising and coordinating care and, with appropriate input from the APRN, ensuring the quality of health care delivered to patients.
- 4) The physician is responsible for determining the complexity and acuity of the patient's condition, and for determining the extent of the APRN's involvement in initial assessment and implementation of treatment for that patient.
- 5) The physician is responsible for establishment of protocols that delineate the approximate involvement of the two professionals in the care of patients, based on the complexity and acuity of the patient's condition.
- 6) At least one physician in the integrated practice must be immediately available at all times for supervision and consultation when needed by the APRN.
- 7) Physicians and APRNs should review and document, on a regular basis, the care of all patients with whom the APRN is involved.
- 8) The physician must randomly review at least twenty percent of the charts and medications prescribed by the APRN.

Duties of the APRN

- 1) Those things set forth in the job description and written practice protocols appended hereto and made a part hereof, as amended from time to time. Any amendments to the job description or written practice protocols after the date of this agreement shall be appended hereto and shall thereafter be a part thereof.
- 2) The APRN shall provide services in accordance with the written practice protocols as appended hereto, as amended from time to time.

- 3) The APRN will not admit patients to the hospital, but will refer admission to the supervising physician.
- 4) The APRN will maintain documentation of medical records for each patient seen.
- 5) The APRN shall at all times maintain professional liability insurance as specified in the employment agreement.
- 6) The APRN shall not practice outside the scope of his/her professional liability insurance, or as determined by state law.
- 7) The APRN shall consult with a physician regarding the patient's treatment, diagnosis, change in condition, or response to treatment upon the request of a patient or his/her family.
- 8) The APRN will notify the patient that they are being seen by an APRN, and can see a physician if they so desire.
- 9) The APRN will provide documentation of his/her prescribing practices to the supervising physician within fourteen days.

This collaborative practice may be terminated upon the occurrence of:

- 1) Mutual written consent of the parties.
- 2) Thirty days prior written notice by either party, with or without cause.
- 3) Immediately upon the suspension, revocation, or non-renewal of either party's license.

Collaborative Agreement Guidelines

- 1) If the APRN desires to practice at a location where the supervising physician is not continuously present, the APRN shall practice at the same location as the supervising physician for a period of at least 160 hours before the APRN practices at a location where the supervising physician is not present.
- 2) The physician shall not be so distanced from the APRN as to create an impediment to effective collaboration in the delivery of services or in the review of those services.
 - a) In health profession shortage areas, the physician must be within 50 miles, by the most direct route, of the location of the practicing APRN.
 - b) In non-health profession shortage areas, the physician must be within 30 miles, by the most direct route, of the location of the practicing APRN.
- 3) The APRN and supervising physician shall only practice within the scope of their skill, training, education, and competence.
- 4) Written practice protocols between the physician and APRN must include:
 - a) Consultation and referral to the collaborating physician;
 - b) Referral to a designated facility for emergency care;
 - c) Methods of treatment;
 - d) Administration and dispensing of drugs:
 - (i) schedule III, IV, and V controlled substance may be prescribed except for the purpose of inducing sedation or general anesthesia;
 - (ii) schedule III controlled substances must be limited to a 120 hour supply with no refills.
- 5) When the APRN sees a patient without a well-defined condition, the physician shall see the patient as soon as possible, but not more than two weeks after the patient has been seen by the APRN.
- 6) When the APRN initiates treatment or provides diagnosis for an acutely or chronically-ill patient, the physician shall be present at least once every two weeks to participate in consultation, review, medical direction, and supervision.
 - a) Participation less than once every two weeks shall be allowed only in extraordinary circumstances, which shall be documented.
- 7) The supervising physician and APRN must plan for coverage in the event the supervising physician is absent, incapacitated, or infirm.
- 8) The physician may enter into collaborative practice agreements with no more than three APRNs.

By signing below, the supervising physician and the APRN agree to practice in accordance with the above guidelines and responsibilities, and declare that they have read the applicable statute (RSMo 334.104) and rule (20 CSR 2200-4.200) governing collaborative practice agreements in the state of Missouri.

Physician Signature

Date

APRN Signature

Date