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Collaborative agreement requirements may vary significantly from state to state. Please contact the Board of Nursing in your state to ensure that your collaboration agreement is sufficient to allow a nurse practitioner to exercise the full scope of practice permitted by state law.

## Sample Nurse Practitioner/Physician Collaborative Agreement

1. The undersigned nurse practitioner and physician agree to the following collaborative practice agreement for provision of health care services to clients at (clinic name, location, address).

Care services provided by the nurse practitioner will include health maintenance, management of acute/episodic illnesses and management of stable chronic illnesses. These services will be provided by the nurse practitioner in accordance with state and federal law. The services provided by the nurse practitioner include acts of medical diagnosis, prescription of medical therapeutics, and corrective measures, all of which are performed in collaboration with physician(s) licensed in (state).

(<u>Physician</u>) and (<u>nurse practitioner</u>) agree that mutually developed protocols for nursing practice will be the guide for the nurse practitioner's advanced practice under this agreement.

2.	Both parties mutually developed and agree to this do signatures.	ocument per our
	As collaborating physician,	agrees to:

- A. Be available for record review when appropriate
- B. Be available for telephone consultation during clinic hours
- C. Mutually establish standing orders, consultation and referral criteria, drug protocols, and other medical protocols within the practice setting
- D. Review and update mutually developed practice protocols annually
- E. Work with the nurse practitioner to develop a predetermined plan for emergency services
- F. Cosign records when necessary to document accountability by both parties

	drug protocols, and o setting C. Review and update r D. Document consultati notes E. Work with the physic emergency services	eed upon protocols anding orders, consorther medical protomutually developed on and referral with the cian to develop a protocol	as described above sultation and referral criteria, cols within the practice practice practice annually the physician in progress	
3.	<ol> <li>Both parties agree to ongoing development of this relationship and evaluation at regular intervals, both formally and informally.</li> </ol>			
4.	<ol> <li>Both parties will mutually review the objectives of this relationship, disc the protocols, and practice concerns every six months.</li> </ol>			
5.	<ol> <li>Each party is responsible and accountable for performing to a full and appropriate extent his/her role and function in accord with the collaborative practice agreement, the individual's professional level of knowledge and expertise, and legitimate legal practice regulations as defined by the (State Nurse Practice Act), and the policies of the (State Board of Nursing).</li> </ol>			
Agree	d on this day	, 20		
	Name) Practitioner (se #)	(Print Name Physician (License #)	)	