Collaborative Practice Agreement V.S. Application For CRNP Prescriptive Authority

Defined

The definitions below are designed to clarify certain questions regarding the required forms: Collaborative Practice Agreement and Application For CRNP Prescriptive Authority.

DEFINITIONS

**Collaborative Practice Agreement** - the written and signed agreement between the CRNP and a collaborating physician in which they agree to the details of their collaboration including the elements in the definition of collaboration.

The **collaborative practice agreement** must include the following (as listed in Title 49 PA.Code, Chapter 21. State Board of Nursing, Subchapter C. CERTIFIED REGISTERED NURSE PRACTITIONERS. §21.251. Definitions)

I. Immediate availability of a licensed physician to a CRNP through direct communications or by radio, telephone or telecommunications.

II. A predetermined plan for emergency services.

III. A physician available to a CRNP to a CRNP on a regularly scheduled basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics and cosigning records when necessary to document accountability by both parties.

In addition the enrollment unit requires the following:

I. The address where the services will be performed by the CRNP.

II. The length of the term of the agreement between the CRNP and collaborating physician.

III. If and how much the CRNP is insured for (liability insurance).

**Application For CRNP Prescriptive Authority** - the written and signed agreement between the CRNP with prescriptive authority and a collaborating physician in which they agree to the details of their collaboration.

A copy of this application will be accepted as the collaborative agreement for a CRNP who has **prescriptive authority**.

This form can be found on the Department of Nursing website:

http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_nursing/12515/licensure_information/572048#forms