COLLABORATIVE PRACTICE AGREEMENT

I. Definitions and terms:

Collaborative Practice Agreement (CPA) refers to the 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) or dentist(s). An APRN is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions. Advanced practice registered nursing includes certain acts of medical diagnosis and prescription, and per LAC 46:XLVII.4513B, these acts must be in accordance with the collaborative practice agreement.

Collaborating Professionals for this CPA refers to the APRN and collaborating physician(s) or dentist(s) named below (please type/print clearly the information requested below):

Name of APRN	<i>Licensed</i> APRN Role <i>and</i> Population Focus (i.e. FNP, PNP, WHNP, AGNP, PMHCNS, etc.)	AP License Number	
List the names of all collaborating	g physicians/dentists for this CPA:		

Responsibilities of the APRN are to maintain competency, practice within established standards and clinical practice guidelines, consult collaborating physician(s) or dentist(s) as needed, and ensure that all acts of prescriptive authority of the APRN are documented and utilized in a manner that is consistent with any rule or regulation imposed upon the APRN's practice. In the event the collaborating physician(s) or dentist(s) are not available physically, by telephone, or direct telecommunications, the APRN will not prescribe. The APRN must notify the Louisiana State Board of Nursing (LSBN) in writing within 30 days of all changes regarding prescriptive authority including requesting the addition or deletion of collaborating physician(s) or dentist(s) and sites.

Responsibilities of the collaborating physician(s) or dentist(s) are to ensure all acts of the prescriptive authority of the APRN are documented and utilized in a manner that is consistent with any rule or regulation imposed upon the APRN's practice and to be available for consultation, assistance with medical emergencies, or patient referral. Collaborating physician(s) or dentist(s) must be available physically, by telephone, or direct telecommunications.

Clinical Practice Guidelines provide guidelines for safe and effective care. Clinical practice guidelines refer to specific textbooks, electronic communications, internet references, and resources jointly agreed upon by the collaborating professionals that describe a specific plan, arrangement, or sequence of orders, steps, or procedures to be followed or carried out in providing patient care in various clinical situations including prescribing of medications and referral procedures. Clinical practice guidelines must be:

- mutually agreed upon by the collaborating professionals;
- specific to the practice and patient population;
- adjusted on an on-going basis to fulfill individual patient's needs/situations and to accommodate ongoing research and changing standards;
- maintained on site and readily available to the collaborating professionals; and
- reviewed and signed yearly, or more frequently as appropriate, by all parties.

<u>Clinical Practice Guidelines</u> agreed upon by the collaborating professionals will be utilized from among the following: (List specific references including: exact website, authors, year of publication/edition, other applicable information for reference. A separate typed page may be provided if additional space is needed to provide the clinical practice guidelines for this practice site. Include APRN's name and license number on all supplemental pages)

Name of APRN	Licensed APRN Role and Population Focus (i.e. FNP, PNP, WHNP, AGNP, PMHCNS, etc.)	AP License Number
	practice agreed upon by the collaborating profession	
	The APRN identified above is authorized to provide cope of practice in his/her licensed APRN role and po	
(insert above the APRN's role a	and population focus as licensed by LSBN (i.e. FNP, PNP, WHNP, A	GNP, PMHCNS, etc.)
services fall outside of the ag	al practice guidelines agreed upon by the collaborage apon clinical practice guidelines, consultation real is required and will be documented.	
will meet current standards. T	ocumentation in medical records, such as the SOAP for There is a mutual obligation and responsibility of the Aure acts of prescriptive authority are properly documented	APRN and collaborating
mutually agreed upon clinical p	Diagnostic and/or laboratory tests will be ordered by oractice guidelines. If results are abnormal, the APRN is utilizing appropriate consultation, treatment, and/or ref	will adhere to the agreed
parameters of the collaborative parameters of practice include	The distribution or administration of medications by we practice agreement shall comply with current state prescribing legend drugs. If requesting the inclusion practice, complete the section below.	e and federal law. The
Check here if controlled	I substance privileges are requested and indicate whi	ch schedules below:
Schedules III-V		
Schedule II (non	-narcotic for ADD and/or ADHD treatment)	
Full Schedule II		
The APRN may not p	prescribe controlled substances in connection with	the treatment of:
a. Chronic or i	intractable pain, as defined in 46XLV.6515-6923,	
b. Obesity, as	defined in 46XLV.6901-6913, or	
c. Oneself, a sp	pouse, child or any other family member.	
maintain privileges at the same	on Admissions and Privileges – The collaborating physe institution before an APRN can receive and maintain collaborate with the physician(s) in continuing to p	n privileges at the same
Patient Care Coverage – The coverage of health care needs	e APRN and collaborating physician(s) or dentist(s) of patients during any absence of the APRN, physic	will maintain a plan fo ian (or dentist), or bot

Cancellation of Collaborative Arrangement – Once approved by LSBN, the CPA will remain in effect until one or more of the collaborating professionals notify LSBN in writing to cancel the agreement.

parties.

Print or type the APRN's name & licensure data (below) at the top of pages 2 & 3 and any supplemental pages provided:						
Name of APRN	Licensed APRN Role and Population Focus (i.e. FNP, PNP, WHNP, AGNP, PMHCNS, etc.) AP License Number					
III. Signatures						
By signing below, the APRN and collaborating physician(s) or dentist(s) are in agreement with the collaborative practice agreement including all parameters of practice. Copy this page if needed in order to provide the required <i>original dated</i> signatures of all collaborating professionals for this practice site. The APRN's name, license number and original dated signature must be on each additional page.						
Type/Print APRN's Name	AP License Number	Original Signature of APRN	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			
Type/Print Physician's Name	LA Medical License Number	Original Signature of Physician	Date Signed			