## Collaborative Practice Agreement for Nurse Practitioner (SAMPLE)

 **A. Purpose**

The purpose of this document is to describe the scope of practice for the nurse practitioner (NP) who signs this agreement, as well as, provide written authorization by the supervising physician for the NP to initiate and provide psychiatric and medical care for the consumers of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(agency)

**B. Scope of Practice and Medical Functions Authorized**

1. The NP is authorized to provide psychiatric and medical care under this collaborative practice agreement (CPA) in all outpatient office locations of above agency, and to any contracting agencies.
2. An NP, who is board certified as a family psychiatric/mental health nurse practitioner, is licensed to provide psychiatric and limited medical care, as defined by the ANA scope of practice to adult, geriatric and pediatric populations.
3. The NP is authorized to provide the following medical functions. *(NOTE: This is sample language only to assist the practitioners in discussing and writing the medical functions authorized. Practicing outside the scope of a CPA is a basis for discipline. The CPA should provide authorization for the specific medical acts the NP will be performing.)*
	1. Provides psychiatric diagnostic evaluations to assess for and determine psychiatric illness. Diagnoses that can be made include but are not limited to mood and anxiety disorders, psychotic disorders, disruptive behavior, developmental disorders, eating disorders, delirium and dementia, substance use disorders and personality disorders.
	2. Request and interpret lab and other diagnostic procedures, such as EKGs, to rule out medical etiology for psychiatric illness or other medical conditions; and to assist in diagnosis, and monitoring for adverse effects from medications.
	3. Request assessments/evaluations, as needed, to confirm or support diagnoses, or guide treatment, including but not limited to psychological and educational testing; speech/language, vision, and hearing assessment; neurological evaluation; or referral to their primary care physician.
	4. Prescriptive Authority.
		1. Drug categories that may and may not be prescribed by the NP (including controlled (II-V), legend, and over the counter drugs) are listed in Attachment A.
		2. May prescribe drugs commonly used in psychiatry following accepted standards of practice as recommended by either the American Psychiatric Association or the American Association of Child and Adolescent Psychiatry. These drugs may be prescribed “off label” (without FDA approval) if it is an accepted standard of practice.
		3. May only prescribe drugs for consumers being served above agency or any contracting agencies
		4. May provide pharmaceutical samples to consumers.
	5. Provide on call coverage when scheduled.
	6. Provide education to the consumer as indicated about psychiatric illness and, medication (including adverse effects).
	7. Obtain consultation from the collaborating psychiatrist for complicated illnesses perceived by the NP to be beyond one’s knowledge and skills.
	8. Provide follow up services to consumers after surgical implantation of a vagal nerve stimulator, including computerized adjustment of device, to provide optimal response.
	9. The NP may refer a consumer’s care to the psychiatrist if the NP feels the case exceeds the NP’s scope of practice which was part of their graduate curriculum.
4. The NP does not have the legal authority to involuntarily commit a person to inpatient psychiatric treatment.

C. Plan for Emergency Services

In the event of a life-threatening medical or psychiatric emergency, the consumer is informed to call 911 or to present to the local hospital emergency room. For an urgent need, a provider is available on call 24 hours, seven days per week through the agency emergency phone line.

D. Quality Assurance

1. A collaborating physician, either primary, back-up or on-call, is continuously available to the NP, either in person or by telephone, for consultation.
2. Upon employment or at the beginning of the collaborative relationship, the supervising physician and NP will meet initially every week for the first 4 weeks of employment to provide education, evaluate skills, or specific case consultation. These meetings may include discussion of clinical problems, progress toward improving outcomes, and recommendations, if any, for changes in treatment. After the first month, these meetings will occur at least monthly for the next five months of the collaboration and then at least once every six months. A short summary of these interactions will be documented and signed by both the physician and NP. Documentation of the collaborative practice agreement will be retained for five calendar years.
3. The NP will document any consultation with a supervising physician for a specific case in the consumer’s medical record.

E. Education and Certification Requirements for Registration as a Nurse Practitioner

The following items will be maintained and available on site for the Nurse Practitioner:

1. Proof of RN licensure (current RN licensure status may be verified at [www.ncbon.com](http://www.ncbon.com)).
2. Proof of current registration.
3. Proof of current approval to practice.
4. Proof of current national certification.
5. Proof of a current DEA number.
6. A copy of the collaborative practice agreement.
7. The nurse practitioner will maintain documentation of completing 50 contact hours each year of AMA or ANCC approved continuing education courses.

F. Review and Revision of collaborative practice agreement. This collaborative practice agreement will be reviewed, revised (if indicated), and signed by the nurse practitioner and supervising physician on an annual basis.

G. The collaborative practice agreement is not intended to be, nor should it be, a substitute for the exercise of professional judgment by the nurse practitioner.

H. Texts and References for the NP, including but not limited to:

1. American Psychiatric Association (2013). **Diagnostic and Statistical Manual of Mental Disorder (Fifth Edition).** Washington D.C.: American Psychiatric Association.
2. American Academy of Child and Adolescent Psychiatry. <http://www.aacap.org>. **Practice parameters for child and adolescent psychiatry.**
3. American Psychiatric Association. <http://www.psych.org>. **Practice parameters for the treatment of psychiatric disorders.**
4. **Epocrates**, [www.epocrates.com](http://www.epocrates.com), updated daily.

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Primary Supervising Physician Date

**Annual Reviews of Collaborative Practice Agreement**

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Primary Supervising Physician Date

**Attachment A:**

**Standard Formulary of Drug Classifications for use by the NP**

**Approved Drug Categories:**

* Analgesics and Antipyretics
* Anti-Infective Agents
* Anti-Inflammatory Drugs
* Antihistamines and Decongestants
* Autonomic Drugs
* Cardiovascular Drugs
* Central Nervous System Agents
* Expectorants and Cough Preparation
* Gastrointestinal Drugs
* Hormone and Synthetic Drugs
* Pulmonary Drugs
* Spasmolytics
* Vitamins/Minerals

**Restricted Drug Categories:**(May not be prescribed)

* Agents of Electrolytic, Caloric & Water Balance
* Antineoplastic Agents
* Birth Control Drugs and Devices
* Blood Derivatives
* Blood Formation
* Coagulation Agents
* Diagnostic Agents
* Heavy Metals
* Local Anesthetics
* Ophthalmic Drugs
* Oxytoxics
* Prosthetics/Orthotics
* Radioactive Agents
* Other