



COVER SHEET FOR ADVANCED PRACTICE REGISTERED NURSE COLLABORATIVE AGREEMENT

State Form 57747 (4-25)

INDIANA PROFESSIONAL LICENSING AGENCY

**INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 232-2960
E-mail: pla2@pla.in.gov
www.pla.in.gov

INSTRUCTIONS:

1. Complete this form in its entirety.
2. Submit this form online using Access Indiana single sign-on at <https://mylicense.in.gov/egov/ml1pla.html> or submit it by mail to the address above.

COLLABORATIVE AGREEMENT INFORMATION

Name of Facility:

Name of Collaborator:

License number of Collaborator:

Name of Advanced Practice Registered Nurse (APRN):

Indiana license number (APRN or RN – if pending):

Type of Request (check one):

☐

New Collaborative Agreement

☐

Additional Collaborative Agreement

Effective Date: (month, day, year)

FOR CHANGES TO EXISTING COLLABORATIVE AGREEMENTS OR CSR PRACTICE LOCATION/LICENSE STATUS, PLEASE CHOOSE FROM ONE OF THE OPTIONS BELOW AND INCLUDE A DETAILED COVER LETTER ON LETTERHEAD (CLARIFYING EXACTLY WHICH PHYSICIANS YOU ARE ADDING/DELETING/KEEPING, WHICH LOCATIONS YOU ARE ADDING/DELETING/KEEPING, AND THE DATE THE CHANGES SHOULD TAKE EFFECT):

☐ Add Collaborator to existing Agreement* (Name and license number):

*An Affidavit with Practice Name, complete address and phone, the LP and APRN complete address and phone, LP Indiana license number, signatures of both parties and effective date must be submitted OR submit a CPA with added LP.

☐ Delete Collaborator from existing Agreement (Name and license number):

☐ Add location(s) to the existing Agreement (Complete practice name, address, and phone number):

☐ Delete location(s) from existing Agreement (Complete practice name, address, and phone number):

☐ Cancel Current CSR at practice location** (Complete practice name, address, and phone number):

**Note: CSR will be switched to Current/Not Practicing as a result

☐ Request to Update CSR with a new practice location (Complete practice name, address, and phone number):

☐ Other (please include cover letter if needed):

Please note: If you do not have a Controlled Substance Registration (CSR) and intend to administer and dispense controlled substances, you must apply for CSR. Please visit our website at www.in.gov/pla/ under the Menu, navigate to Profession, Nursing Board, Application Instructions, Controlled Substance Registration.