



Collaborative Practice Agreement Checklist

- Are the names and license numbers of the Advance Practice Nurse (APN) and the Licensed Practitioner (LP) included in the agreement?
- Is the Collaborative Agreement specific to the APN?
- Is the Collaborative Agreement on Letterhead?
- Is the Collaborative Agreement completely Typed and Legible?

All Agreements **MUST** include the following information:

- Full Name of the Advance Practice Nurse (APN)
- Indiana License Number of the APN (if licensed)
- Home Address (with zip code and phone number) of the APN
- Business or Practice Address (with zip code and phone number) of the APN

- Full Name of the collaborating Licensed Practitioner (LP)
- Indiana License Number of the LP (must be a permanent license number. Temporary permit or NPI number can't be substituted)
- Home Address (with zip code and phone number) of the LP
- Business or Practice Address (with zip code and phone number) of the LP

- If there is more than one signing supervising Licensed Practitioner, the name, Indiana license number, and address of each LP must be included.

- A list of all other offices and practice locations of the APN in addition to the practice/business location listed above.

- A list of all specialty or board certifications of the APN and the supervising LP.

Manner of Collaboration between the APN and the LP, including how they will:

- Work together
- Share practice trends and responsibilities
- Maintain geographic proximity (e.g., physical distance or presence)
- Provide coverage during absence, incapacity, infirmity, or emergency by the supervising LP (i.e., backup plan, alternating supervising physician, etc.)

Include provisions that the APN must submit documentation of the APN's prescribing practices to the LP within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, a least a five percent (5%) random sampling of the charts and medications prescribed for patients.

List all other written collaborative practice agreements, including the LP and APN.

The duration of the written collaborative practice agreement between the LP and the APN (e.g. start date, termination date, etc.)

Signatures of the APN and the LP with the signing dates. If multiple supervising licensed practitioners are listed on the agreement, only those who signed it will be added as collaborators to the APN.

** The Collaborative Agreement may include additional sections pertaining to APN requirements that are exclusive to company policies; however, the **requirements outlined in this checklist must be included in the agreement as well.***

For additional information regarding Collaborative Practice Agreements for Advance Practice Nurses, please visit our website at <https://www.in.gov/pla/>, from the drop down Menu, navigate to Profession >> Nursing Board >> Prescriptive Authority for APRN >> Collaborative Practice Agreement Requirements.