

Professional Licensing Agency  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



Mike Braun  
Governor of Indiana  
Lindsay M. Hyer  
IPLA Executive Director

## Cover Sheet for Advanced Practice Registered Nurse Collaborative Agreement

1. Name of Facility: \_\_\_\_\_
2. Name of Advanced Practice Registered Nurse (APRN): \_\_\_\_\_
3. Indiana License Number (APRN or RN – if pending): \_\_\_\_\_
4. Type of Request (Check One):  New Collaborative Agreement       Additional Collaborative Agreement
5. 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: \_\_\_\_\_
  - Delete Collaborator from existing Agreement: \_\_\_\_\_
  - Add location(s) to the existing Agreement: \_\_\_\_\_  
\_\_\_\_\_
  - Delete location(s) from existing Agreement: \_\_\_\_\_  
\_\_\_\_\_
  - Cancel Current CSR at practice location: \_\_\_\_\_  
\_\_\_\_\_

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

- Request to Update CSR with a new practice location: \_\_\_\_\_  
\_\_\_\_\_
- Other (please include cover letter if need): \_\_\_\_\_  
\_\_\_\_\_

\* Please Note: If you do not have a Controlled Substances Registration (CSR) and intend to administer and dispense controlled substances, you must apply for CSR. Please visit our website at <http://www.in.gov/pla/>; under the Menu, navigate to Profession >> Nursing Board >> Licensing Information >> Controlled Substances Registration.\*\*