

## **CHANGE OF PRESCRIPTIVE AUTHORITY COLLABORATIVE AGREEMENT**

**\*\*\*\*\*DO NOT use this form if you are CHANGING your Collaborating Physician\*\*\*\*\***

You **MUST** submit a new *CRNP Application for Prescriptive Authority*. The application is available at [www.dos.pa.gov/nurse](http://www.dos.pa.gov/nurse)

### **General Instructions**

1. Verify ALL names/licenses at [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us) before submitting.
2. Include ALL **zeros** and **prefixes/suffixes** for each license/certificate number.
3. Collaborating Physician listed on the Change Form must match the Collaborating Physician you listed on your Prescriptive Authority Application.
4. If there are changes to your Prescriptive Authority Collaborative Agreement that are not addressed on the form, such as additional practice locations, please contact the State Board of Nursing for further instruction.
5. No fee is required for submission of any Change Form.
6. A letter confirming the change will be forwarded from the State Board of Nursing once processed.

**IMPORTANT: The CRNP must keep a copy of any Change of Prescriptive Authority Collaborative Agreement Form submitted to the State Board of Nursing.**

To verify an agreement is **TERMINATED**, refer to the website [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us).

**Change of Prescriptive Authority Collaborative Agreement: Drug Categories**

\_\_\_\_\_  
**PRESCRIPTIVE AUTHORITY NUMBER**

\_\_\_\_\_  
**NAME OF CRNP**

\_\_\_\_\_  
**NAME OF COLLABORATING PHYSICIAN**

\_\_\_\_\_  
**PENNSYLVANIA CRNP NUMBER**

\_\_\_\_\_  
**PHYSICIAN LICENSE NUMBER**  
 (Include all prefixes/suffixes)

\_\_\_\_\_  
**PHONE NUMBER/EMAIL**

Check every drug category from which the CRNP will prescribe or dispense. **DO NOT alter/add to any category.**

(a) Antihistamines	(n) Disinfectants for agents used on objects other than skin
(b) Anti-infective agents	(o) Electrolytic, caloric and water balance
(c) Antineoplastic agents	(p) Enzymes
(d) Unclassified therapeutic agents	(q) Antitussive, expectorants and mucolytic agents
(e) Devices and pharmaceutical aids	(r) Gastrointestinal drugs
(f) Autonomic drugs	(s) Local anesthetics
(g) Blood formation drugs	(t) Eye, ear, nose and throat preparations
(h) Coagulation and anticoagulation drugs	(u) Serums, toxoids and vaccines
(i) Thrombolytic and antithrombolytic agents	(v) Skin and mucous membrane agents
(j) Cardiovascular drugs	(w) Smooth muscle relaxants
(k) Central nervous system agents	(x) Vitamins
(l) Contraceptives including foams and devices	(y) Hormones and synthetic substitutes
(m) Diagnostic agents	

\_\_\_\_\_  
**Signature of CRNP**

\_\_\_\_\_  
**Date Signed**

**AND**

\_\_\_\_\_  
**Signature of Collaborating Physician**

\_\_\_\_\_  
**Date Signed**

<p><b>THE CHANGE IS NOT EFFECTIVE UNTIL YOU HAVE                  RECEIVED A LETTER FROM THE STATE BOARD OF NURSING</b></p>
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