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

General Instructions

1. Verify ALL names/licenses at 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.
Change of Prescriptive Authority Collaborative Agreement: Circumstances and How Often the Collaborating Physician Will Personally See the Patient

__________________________
PRESCRIPTIVE AUTHORITY NUMBER

__________________________
NAME OF CRNP

__________________________
NAME OF COLLABORATING PHYSICIAN

__________________________
PENNSYLVANIA CRNP NUMBER

__________________________
PHYSICIAN LICENSE NUMBER
(Include all prefixes/suffixes)

__________________________
PHONE NUMBER/EMAIL

Indicate the circumstances and how often the Collaborating Physician will personally see the patient.

☐ Once per year ☐ Twice per year ☐ Daily ☐ Every other visit

☐ CRNP Request ☐ Patient or Family request ☐ Patient not responding to treatment

☐ Patient condition outside CRNP scope of practice ☐ Other ____________________

__________________________
Signature of CRNP Date Signed

AND

__________________________
Signature of Collaborating Physician Date Signed

THE CHANGE IS NOT EFFECTIVE UNTIL YOU HAVE RECEIVED A LETTER FROM THE STATE BOARD OF NURSING

01/04/2016