

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: Controlled Substances

PRESCRIPTIVE AUTHORITY NUMBER

NAME OF CRNP

NAME OF COLLABORATING PHYSICIAN

PENNSYLVANIA CRNP NUMBER

PHYSICIAN LICENSE NUMBER
(Include all prefixes/suffixes)

PHONE NUMBER/EMAIL

To **add** or **update** controlled substance prescribing authority, you **MUST** indicate the specific **number of days** for each schedule.

I am requesting to update **Schedule II** Controlled Substance Prescribing Authority on my Collaborative Agreement.

DELETE Schedule II ADD/CHANGE Schedule II for up to a _____ day supply (maximum 30 day supply)

I am requesting to update **Schedule III** Controlled Substance Prescribing Authority on my Collaborative Agreement.

DELETE Schedule III ADD/CHANGE Schedule III for up to a _____ day supply (maximum 90 day supply)

I am requesting to update **Schedule IV** Controlled Substance Prescribing Authority on my Collaborative Agreement.

DELETE Schedule IV ADD/CHANGE Schedule IV for up to a _____ day supply (maximum 90 day supply)

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**