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: Drug Categories

<table>
<thead>
<tr>
<th>PRESCRIPTIVE AUTHORITY NUMBER</th>
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<tbody>
<tr>
<td>NAME OF CRNP</td>
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<tr>
<td>PENNSYLVANIA CRNP NUMBER</td>
</tr>
<tr>
<td>PHONE NUMBER/EMAIL</td>
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</table>

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

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

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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