

# Collaborative Practice Agreement with a Single Physician – DATA 2000 Waiver

This agreement is for the management of the collaborative practice between

\_\_\_\_\_, APRN and \_\_\_\_\_, MD.

The physician hereby agrees to be available to the Advanced Practice Registered Nurse (APRN), either in person or via electronic or telephonic communication, for consultation and referral. Mutually agreed upon protocols for Prescriptive Authority will be utilized by the APRN as a guide for general categories of health states. The APRN shall limit prescribing to the area of educational preparation and certification as noted below.

Should an emergency arise, necessitating the absence of the APRN or the collaborating physician from patient care responsibilities, provision for comparable coverage shall be arranged at the first possible opportunity. Until that time, \_\_\_\_\_ with which the collaborating providers are associated, provides emergency services 24-hours daily for the clients of \_\_\_\_\_

(hospital)  
(clinic)

There is a written provision for quality assurance (attach the Quality Assurance Plan).

This agreement of professional collaboration is by no means intended as a business contract but rather as a document that fulfills the requirements for Prescriptive Authority as set forth in the *Arkansas Nurse Practice Act*. The signatures below signify agreement to the terms of the collaborative practice.

\_\_\_\_\_, APRN

APRN AR License # \_\_\_\_\_

Print name \_\_\_\_\_

Certification/Specialty \_\_\_\_\_

Practice Site \_\_\_\_\_

Practice Address \_\_\_\_\_  
(Street)

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

(City) (County) (Zip)

Practice Phone # \_\_\_\_\_

\_\_\_\_\_, MD

MD AR License # \_\_\_\_\_

Print name \_\_\_\_\_

Area of certification \_\_\_\_\_

Practice Site \_\_\_\_\_

Practice Address \_\_\_\_\_  
(Street)

Practice site same as APN

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

(City) (County) (Zip)