



Arkansas Department of Health

Full Independent Practice Credentialing Committee
4815 W. Markham St., Slot 75 • Little Rock, Arkansas 72205
Governor Asa Hutchinson
Jennifer A. Dillaha, MD, Director
Renee Mallory, RN, Interim Secretary of Health

APRN Practice Hours Affidavit

TO: Arkansas Department of Health, Full Independent Practice Credentialing Committee

I confirm that _____, APRN, has completed _____ hours of practice (as an APRN) with a physician under a collaborative practice agreement.

Physician Name: _____
Printed name

Physician Signature: _____
Signature

Date: _____

Notary Acknowledgement

State of _____

County of _____

On this the _____ day of _____, 20____, before me, _____, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposed therein contained.

Signature of Notary Public

[Seal of Office]

My commission expires: _____