

Nurse Practitioners
Prescribing Authority Attestation

Nurse Practitioners who plan to prescribe controlled substances and who have been granted prescriptive authority by their state licensing board must comply with DEA and state laws relating to

As per the Federal Controlled Substance Act a prescription for a controlled substance may only be issued by a physician, dentist, podiatrist, mid-level practitioner, or other registered practitioners who are:

- Authorized to prescribe controlled substances by the jurisdiction in which the practitioner is licensed to practice; **and**
- Registered with DEA or exempt from registration **or**
- An agent or employee of a hospital or other institution acting in the normal course of business or employment under the registration of the hospital or other institution which is registered in lieu of the individual practitioner.

1. Have you (applicant) been approved by your State Licensure Board (if required) to carry out or sign prescription drug orders and been issued a prescription authorization number? __YES __NO

2. Do you plan to prescribe controlled substances?
Texas: Schedules III-V __YES __NO

3. If Yes, submit your **Federal Controlled Substance Certificate (DEA)**

ATTESTATION: I certify the information provided by me on this document is true, correct and complete to the best of my knowledge and belief. I understand and agree that any misstatement or omission of information concerning administering, dispensing or the prescribing of controlled substances may constitute grounds for withdrawal of the application for consideration.

Signature: **Applicant**

Date

Printed Name

Signature: **Physician**

Date

Printed Name

GENESIS PHYSICIANS GROUP
Advanced Nurse Practitioner Protocol
Practice Agreement

The following is an excerpt from the Board of Nurse Examiners Rules for the Advanced Nurse Practitioner so that the ANP and Primary Supervising Physician will have the understanding of duties and responsibilities as set forth in this Practice Agreement. Whereas, the ANP may be supervised by more than one physician, the Primary Physician shall so be designated.

§221.12. Scope of Practice

The advanced practice nurse provides a broad range of health services, the scope of which shall be based upon educational preparation, continued advanced practice experience and the accepted scope of professional practice of the particular specialty area. Advanced practice nurses practice in a variety of settings and, according to their practice specialty and role; they provide a broad range of health care services to a variety of patient populations.

- (1) The scope of practice of particular specialty areas shall be defined by national professional specialty organizations or advanced practice nursing organizations recognized by the Board. The advanced practice nurse may perform only those functions which are within the scope of practice and which are consistent with the Nursing Practice Act, board rules, and other laws and regulations of the State of Texas.
- (2) The advanced practice nurse's scope of practice shall be in addition to the scope of practice permitted a registered nurse and does not prohibit the advanced practice nurse from practicing in those areas deemed to be within the scope of practice of a registered nurse.

§221.13. Core Standards for Advanced Practice

- (a) The advanced practice nurse shall know and conform to the Texas Nursing Practice Act, current board rules, regulations, and standards of professional nursing; and all federal, state, and local laws, rules, and regulations affecting the advanced role and specialty area. When collaborating with other health care providers, the advanced practice nurse shall be accountable for knowledge of the statutes and rules relating to advanced practice nursing and function within the boundaries of the appropriate advanced practice category.
- (b) The advanced practice nurse shall practice within the advanced specialty and role appropriate to his/her advance educational preparation.
- (c) The advanced practice nurse acts independently and/or in collaboration with the health team in the observation, assessment, diagnosis, intervention, evaluation, rehabilitation, care and counsel, and health teachings of persons who are ill, injured or infirmed or experiencing changes in normal health processes; and in the promotion and maintenance of health or prevention of illness.
- (d) When providing medical aspects of care, advanced practice nurses shall utilize mechanisms, which provide authority for that care. These mechanisms may include, but are not limited to, Protocols or other written authorization. This shall not be construed as requiring authority for nursing aspects of care.
 - (1) Protocols or other written authorizations shall promote the exercise of professional judgment by the advanced practice nurse commensurate with this/her education and experience. The degree of detail within protocols/policies/practice guidelines/clinical practice privileges may vary in relation to the complexity of the situations covered by such Protocols, the advanced specialty area of practice, the advanced educational preparation of the individual, and the experience level of the individual advanced practice nurse.
 - (2) Protocols or other written authorization:
 - (A) should be jointly developed by the advanced practice nurse and the appropriate physician(s),
 - (B) shall be signed by both the advanced practice nurse and the physician(s),
 - (C) shall be reviewed and re-signed at least annually,
 - (D) shall be maintained in the practice setting of the advanced practice nurse, and
 - (E) shall be made available as necessary to verify authority to provide medical aspects of care.
- (e) The advanced practice nurse shall retain profession accountability for advance practice nursing care.

The following signature denotes each individual health care professional understands of the above Protocol and practice agreement. In each instance this document is augmented, all parties must re-acknowledge by signature their concurrence and understanding of the change.

_ Primary Supervising Physician Signature

Date

Printed Name

Advanced Practice Nurse Signature

Date

Printed Name

SUPERVISING PHYSICIAN INFORMATION:

_____ YES _____ NO

I WILL administer, dispense or prescribe dangerous drugs or controlled substances (Schedules III, IV, and V) and comply with the requirements for adequate physician supervision published by the TMB as well as other applicable state laws.

The advanced practice nurse with a valid prescription authorization number shall carry out or sign prescription drug orders for only those drugs that are authorized by Protocols or other written authorization for medical aspects of patient care and prescribe for patient populations within the accepted scope of professional practice of the SPN's specialty area and under the supervision of the assigned supervising physician. The physician must provide continuous supervision, but the constant physical presence is not required.

Supervising Physician Name: _____

Physician TMB License # _____ Expiration _____

DEA # _____ Expiration _____

DPS # _____ Expiration _____

I certify the information provided by me on this document is true, correct and complete to the best of my knowledge and belief. I understand and agree that any misstatement or omission of information concerning administering, dispensing or the prescribing of controlled substances may constitute grounds for withdrawal of the application for consideration.

Providers Signature _____ Date _____

Printed Name _____