

and experience to perform such tasks and functions. Specific delegated tasks and functions shall include but are not limited to: (~~strikethrough any tasks not delegated or applicable~~)

- Comprehensive physical assessments
- Establish diagnoses for common short-term and chronic health conditions
- Order, interpret, and perform laboratory and radiology tests
- Provide or prescribe medications subject to applicable limits of delegable authority, and as set forth in the Prescriptive Authority Delegation Agreement, if applicable
- Services related to health maintenance & promotion
- Manage acute episodic illness and stable chronic illness
- Provide urgent or emergent care as indicated
- Perform other therapeutic or corrective measures as indicated
- Provide patient and family education
- Consult as needed with appropriately licensed physicians

Attach additional sheets as needed for other specific delegations.

3. **Prescribing and Dispensing**

Physician and APRN agree to comply with applicable federal and state law regarding the prescription of drugs, including controlled substances listed in Schedules 2 to 5. Any delegation of prescriptive authority from Physician to APRN shall be set out, if at all, in a Controlled Substance Prescriptive Authority Delegation (“CSPAD”) form, signed by both parties. Physician and APRN shall adhere to the scope and terms of such delegation, along with all other applicable laws, and this CPA shall not add, limit, or otherwise modify the scope of any delegation set out in a CSPAD between Physician and APRN.

4. Both parties will participate and complete the FPPE (Focused Professional Practice Evaluations) within twelve months of APRN’s first day.
5. Practitioner(s) will demonstrate clinical competences by participation and completion of OPPE (On-going Professional Practice Evaluations)
6. Both parties agree to on-going development of this relationship and evaluation at regular intervals, both formally and informally. They will discuss the objectives of this relationship, discuss the protocols, and practice concerns. A formal review will be completed annually.
7. Each party is responsible and accountable for performing to a full and appropriate extent his/her role and function in accord with the collaborative practice agreement, the individual’s professional level of knowledge and expertise, legitimate legal practice regulations as defined by the Michigan Public Health Code, and policies of the agency.
8. This Agreement may be terminated at any time by either party, upon advance written notice to the other party given at least thirty (30) days before the date of termination. *If APRN is an NP or CNS, APRN must notify MDHHS if this Agreement is terminated.*

Additional Terms and Conditions

- This Agreement, and any Controlled Substance Prescriptive Authority Delegation between Physician and APRN, must be signed by both Physician and APRN on or before the Effective Date, and reviewed with initials or signature acknowledgement as necessary thereafter, no less than annually.
- ***Each NP and CNS must maintain this Collaborative Practice Agreement at the APRN's primary place of practice, and provide a copy to the Michigan Department of Health and Human Services ("MDHHS") upon request.***

ACKNOWLEDGEMENT**APRN:**

I _____, understand that I am under the supervision of my supervising physician for all activity at Munson Healthcare. I further understand that if the situation should arise that I no longer have said supervision, I will immediately notify the Medical Staff Office in writing. I understand that failure to maintain a supervisor will be taken as voluntary resignation.

APRN Signature

Date

Supervising Physician:

I _____, understand that I am the designated supervising physician for the above–signed Advanced Practice Provider. I have read and agree to comply with the supervision responsibilities listed on page 1 of this form. I understand that if the situation arises that I am no longer able to supervise the Advanced Practice Provider, I will immediately notify the Medical Staff Office in writing.

Supervising Physician Signature

Date

EXHIBIT A

Collaborative Practice Protocols

Communication and Availability. While on duty, Physician (or a designated covering physician) shall continuously be available for direct communication in person or by radio, telephone, or other real-time telecommunication with APRN.

Consultation Requirements. APRN shall promptly seek consultation from Physician for any conditions which APRN believes exceeds the APRN's ability to manage based upon education, training, and experience and/or when specifically requested by a patient.

Backup Procedures in Absence of Physician. In the event Physician is not available when needed, APRN shall immediately contact the designated alternate or backup physician who will provide such consultation functions during such time for purposes of this Collaborative Agreement.

Medical Emergencies. In the event of a medical emergency, APRN will immediately notify Physician, and if Physician is unable to attend to the emergency, APRN shall contact the nearest emergency room and direct transport of the patient to such emergency room.

Reporting by APRN. Each time APRN provides care for a patient, APRN shall enter her name, signature, initials or computer code on the patient's record, chart or written order, the name of Physician if such care involves a delegated act, task or function, and all other information required to be documented by the Practice and/or prevailing standards of clinical practice.

Delegated Prescribing. If Physician and APRN have executed a Controlled Substance Prescriptive Authority Delegation, APRN's and Physician's names and DEA registrations shall be used, recorded or otherwise indicated in connection with each individual prescription or order so that the individual who dispenses or administers the prescription knows under whose delegated authority APRN is prescribing.

Superseding and Other Directives of Physician. Notwithstanding anything in this CPA to the contrary, the conditions, limitations and requirements of this CPA are subject to modification on a case by case basis by Physician in his or her clinical judgment. At all times, APRN shall comply with the clinical instructions, orders, conditions, limitations and instructions furnished by Physician. Notwithstanding, nothing in this CPA shall be construed to mean that APRN is an employee or agent of Physician for employment or other purposes.

Review of APRN Practice. Physician may review patient records written by APRN, including but not limited to those cases which by diagnosis, problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the patient. On a periodic basis, Physician shall review with APRN his or her findings of record reviews, shall further educate APRN in the performance of his or her functions, and shall maintain documentation of the same.

No Delegation by APRN. APRN shall not delegate an act, task or function to another licensed or unlicensed person which has been delegated to APRN by Physician.

Acts, Tasks and Functions Not Specified Herein. Without first obtaining Physician's authorization, APRN is not authorized to undertake acts, tasks, or functions not specified herein which are within Physician's licensed scope of practice and which are not within APRN's licensed scope of practice. On a case by case basis or by amendment to this Practice Protocol, Physician may authorize APRN to undertake such additional acts, tasks, and functions.

RECORD OF PERIODIC REVIEW

Physician and APRN have reviewed their collaborative practice agreement, Physician's findings of medical records reviews, and APRN's performance of acts, tasks, and functions on the following dates:

Date of Review: _____, 20____

Comments: _____

Signatures: _____
APRN Physician

Date of Review: _____, 20____

Comments: _____

Signatures: _____
APRN Physician

Date of Review: _____, 20____

Comments: _____

Signatures: _____
APRN Physician