

STATE OF MARYLAND



Instructions for Completing and
Submitting the Nurse Practitioner
(NP) Written Collaborative
Agreement or Addendum

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STATE OF MARYLAND



Instructions for Completing and Submitting the Nurse Practitioner (NP) Written Collaborative Agreement or Addendum

Part I – Introduction

Nurse practitioner practice requires adherence to COMAR regulations 10.27.07 and submission of a written collaborative agreement to the Maryland Board of Nursing. The following information will guide you through this process.

1.1 Overview

When to File A New Agreement Document

A new agreement document is needed for:

1. an initial agreement
2. a change in employment
3. a change in role with the same employer within the same practice setting

Click the following link to access the written collaborative agreement forms:

http://www.mbon.org/adv_prac/np_agreement.pdf

When to File an Addendum to an Existing Agreement

An addendum must be filed when the NP:

1. is adding or changing collaborator(s)
2. adding a practice site
3. adding competency(ies) or procedures
4. adding Controlled Dangerous Substance (CDS) privileges.

If adding physician(s), do not include physicians who are currently active on the agreement.

Click the link in the “New Agreement” section above to access the written collaborative agreement document. Consult the Cover Page to determine which pages need to be submitted to amend an agreement.

When to File for Graduate Status

A Nurse Practitioner, having completed a program of study, may apply for Graduate Status before taking the National Certification Examination. *Click the following link for more information and the Nurse Practitioner Graduate Supervision Agreement:*

http://www.mbon.org/adv_prac/np_grad_supervision_agreement.pdf

1.2 Definitions

Addendum — Document filed to revise an existing approved written collaborative agreement (e.g., adding another practice site or collaborator and/or additional procedures).

Additional Information Request — Receipt of one of these letters means the Joint Committee wants more clarity regarding a specific section of the agreement. Requests for additional information are mailed after the Joint Committee meets. Additional information requests do not have to go back to the Joint Committee. Temporary or Final Approval letters may be mailed immediately after the requested information has been provided, reviewed and approved by staff.

Advanced Practice Written Collaborative Agreement Document — The written collaborative agreement is a document that outlines the nurse practitioner's practice parameters and the collaborative relationship with his or her physician(s). Each Nurse Practitioner must complete and submit to the Maryland Board of Nursing a completed, signed and dated written collaborative agreement. *An NP cannot practice until the collaborative agreement has been reviewed by the Joint Committee on Nurse Practitioners.*

CDS Prescriptive Authority — CDS prescriptive authority means authority to prescribe controlled substances by obtaining a Maryland CDS license and by obtaining a federal number from the Drug Enforcement Administration (DEA).

Collaborator — A physician licensed to practice medicine in the state of Maryland, who has a practice that is comparable to the NP's education, certification and scope of practice, and has agreed to work with the NP.

Competency — Having the necessary education and skill-set to perform a procedure accurately and independently.

Controlled Dangerous Substances (CDS) — Those drugs which are authorized through the Maryland Division of Drug Control and monitored by the Drug Enforcement Administration (DEA).

Deferral Letter — A deferral letter means the agreement was not approved by the Joint Committee. The NP will receive a letter of explanation for the deferral.

Diagnoses List — A representation of the diagnoses the NP will be making in his or her practice. (The list does not need to include every possible diagnosis. Do not submit a copy of what the office uses for coding & billing.)

Final Approval Letters — A final approval letter means the agreement is approved by the Maryland Board of Nursing and the Maryland Board of Physicians.

Graduate Status — An NP who has completed all educational requirements but has not taken the national certification examination.

Medication List — A listing of the common medications to be prescribed by the NP and which is consistent with the Diagnoses list.

Prescriptive Authority — The authority to prescribe both controlled- and non-controlled substances.

Temporary Practice Letter — A letter issued to a nurse practitioner once the written agreement has been reviewed by the Joint Committee on Nurse Practitioners with a recommendation for final approval by the Maryland Board of Nursing and the Maryland Board of Physicians.

1.3 Common Errors in Completing the NP Written Collaborative Agreement or Addendum Document Forms

- Failure to complete the appropriate and/or most recent written collaborative agreement forms, i.e., using old forms; mixing forms from different revision periods; appending current forms with forms from previously-approved agreements, etc.
- White-out or correction tape used on forms
- Collaborators signing the agreement who are not listed as collaborators within the agreement
- Collaborators not signing the agreement signature page (page 14)
- Damaged or poorly printed forms or copies
- Missing “form” pages
- Incomplete or blank form pages
- Failure to submit the agreement in accordance with certification specialty and scope of practice
- Failure to provide documentation of competencies. (*Competencies must be “signed off” by a collaborator or preceptor. Preceptors may be a nurse practitioner or a physician. A midwife may sign for OB-GYN/Women’s Health related competencies.*)
- Failure to attach documentation of current CPR, and ACLS, PALS, or NRP certification as appropriate for the practice setting.

1.4 The Written Agreement Process

Written Agreement Due Dates

The Joint Committee on Nurse Practitioners meets on the first Wednesday of each **month**. The Maryland Board of Nursing meets on the 4th Tuesday of each month, and the Maryland Board of Physicians meets on the 4th **Wednesday** of each month (exception November and December, due to the scheduled holidays). The original written agreement should be received at the Board's office by the 3rd Wednesday of the month prior to the Joint Committee meeting.

Click the following link for a current list of agreement due dates.

http://www.mbon.org/main.php?v=norm&p=0&c=adv_prac/np_agreement_duedates.html

Written Agreement Process Chart

The Written Agreement Process Chart is a document which indicates the approximate timeline for review and approval of all written agreements and addendums.

Click the following link to access the chart.

http://www.mbon.org/adv_prac/written_agreement_process_flowchart.pdf

Received Agreements List

A list of written agreements received by the Board on or before the Board of Nursing's monthly deadline. A list of Received agreements will be posted to the Board's website within 48 hours of the Joint Committee meeting. There is no guarantee for posting or review of agreements received after the monthly deadline.

Pending Agreements List

Agreements approved by the Joint Committee with a recommendation for final approval. This chart will be posted on the website within 72 hours after the Joint Committee meeting.

Click the following link to access the most recent Received and Pending Agreements lists:

http://www.mbon.org/main.php?v=norm&p=0&c=adv_prac/aprn.html

1.5 How to Obtain CDS and DEA Licenses

To obtain a Maryland CDS license, your current Board-approved written collaborative agreement must include CDS prescriptive authority. If your current agreement does not include CDS prescriptive authority and you and your collaborator agree that you will need it, you must submit an addendum to your collaborative agreement document requesting that CDS prescriptive authority be added. Once the agreement or addendum has been Board-approved, contact the Maryland Division of Drug Control for CDS information or click the following link to visit their web site.

<http://www.dhmd.state.md.us/drugcont/>

After the Maryland CDS license is obtained, you may apply for a federal number from the Drug Enforcement Administration (DEA). Contact the Drug Enforcement Administration at (877) 330-6670 for further information or click the following link to visit their web site.

www.deadiversion.usdoj.gov

Part II – Specific Instructions

2.1 Preparation for Completing the Nurse Practitioner (NP) Written Collaborative Agreement Document

- Access the written collaborative agreement document on the Board of Nursing's website at: http://www.mbon.org/adv_prac/np_agreement.pdf
- ***The written collaborative agreement submitted to the Maryland Board of Nursing must be completed using a computer or typewriter. It does not matter whether it is a new agreement or addendum, only a computer-printed or typewritten original document will be accepted for processing. Handwritten documents and submissions containing combinations of typewritten and handwritten pages, whited-out information, strikethroughs or correction tape will not be accepted and will be***

returned to the practitioner or sender. Signatures affixed to page 14 of the agreement (or addendum) must be original signatures.

- **Completing the Document Using A Computer:**
 - Print the entire written collaborative agreement document.
 - Read through the written collaborative agreement document and the specific instructions for completing the NP written collaborative agreement located in Section 2.3, page 6 of this guidebook.
 - Gather and organize all required information and resource documents such as copies of competencies, certifications, etc.
 - You will be able to save completed or partially completed forms on the computer by choosing “Save As” in the File menu of the Acrobat Reader toolbar and naming the document.
 - You may prepare a handwritten draft of the agreement document for your reference; however, do not submit the handwritten copy. It will not be accepted.
- **Completing the Document Using a Typewriter:** If you do not have access to a computer, you may request a copy of the document from the Maryland Board of Nursing’s Advanced Practice Department. The document will be mailed, not faxed, and must be completed using a typewriter. When using a typewriter:
 - Please make one or two photocopies of the written collaborative agreement document before you begin.
 - Use typewriter to insert requested information. If a typo is made on a page, you will need to start over using a fresh copy of that page. Documents with typos, strikethroughs, scratch outs or the use of correction tape will not be accepted. They will be returned to the sender.

2.2 Helpful Hints

- Always check the Maryland Board of Nursing web site to make sure you have the latest revision of the written collaborative agreement document.
- If additional space is required for a narrative response, continue the text on a blank page. Label each page with the section and topic number/letter and title (e.g., Section II-B. Nurse Practitioner Medical Diagnosis List). Insert page number/letter combination in the footer (e.g., 7a, etc.).
- When finished, double-check for accuracy and insert addendum pages behind the page containing the beginning of the text (e.g., page 5, 6, 6a, 7, 7a, etc).
- Obtain original signatures on page 14 (and any addendum).
- Make a copy of the entire document for your records.
- The completed document cannot be submitted electronically.
- ***Click the following link to see samples of completed written collaborative agreements:***
http://www.mbon.org/adv_prac/sample_agreements

2.3 Completing the NP Written Collaborative Agreement Document

STEP 1

If using a typewriter, contact the Maryland Board of Nursing for a printed copy of the written collaborative agreement document. If using a computer, access the written collaborative agreement document on the MBON website at:

http://www.mbon.org/adv_prac/np_agreement.pdf

STEP 2 — Complete the Cover Page (*page 1*)

1. Type name, in upper right hand corner, as it appears on your RN license.
2. Indicate the reason for submitting a written agreement:
 - a. If submitting a new agreement, click once in the first box and go on to page 2.
 - b. If submitting a revision to an existing approved agreement, click once in the box (or boxes) that represent the type(s) of revision(s) being requested. Complete and submit the designated pages.

STEP 3 — Complete Section I: General Information

Item A: Nurse Practitioner Information (*page 2*)

1. Type your name: First, Middle, Last
2. Type your home address: Street, Apt #, P.O. Box #, City, State & Zip code
3. Type your home telephone number
4. Type your office telephone number
5. Type your cell phone number
6. Provide your E-mail address if available
7. Provide your Maryland license number. (If your Maryland RN or Active Compact license is pending, insert “pending.”)
8. Nurse Practitioner Program: Enter name of the school where NP education was completed.
9. Year of Completion of NP Program: Enter date of graduation or completion
10. National Certifying Organization: Enter full name of national certifying body that administered the certification exam and granted national certification (e.g., American Nurses Credentialing Center (ANCC)), or where you have submitted your application to take the national certification examination.
11. Original Certification Date: Enter date certified by the National Certification Organization. (Note: If you are awaiting examination results or have not yet taken the examination, insert “pending.”)

12. Area of Certification: If certified, indicate the appropriate designation for this specific agreement; i.e., Acute Care, Adult, Geriatric, Women’s Health/OB-GYN, etc. If not yet certified, insert “pending.”

Item B: Physician Information (pages 3 & 4)

1. For each collaborative physician, complete the following information:
 - a. Insert the name of the physician as it appears on his or her license.
 - b. Insert the main practice address, telephone number, Maryland license number and area of concentration or specialization in the designated spaces for each physician.
2. If collaborating with more than three (3) physicians, complete page 4.
3. If collaborating with more than six (6) physicians, complete page 4, check the box at the bottom of page 4, make a copy or copies of page 4, and provide physician information for each additional physician.
4. Insert the additional page(s) behind page 4 and number them as pages 4a, 4b, etc.

Item C: Nurse Practitioner Practice (pages 5 & 6)

1. Nurse Practitioner Certification
 - a. Click the one (1) box that represents the specialty in which you are or will be certified and for which you are submitting this agreement.

Note: *Women’s Health (OB-GYN) NP’s must submit competency documentation for reproductive health and treatment of STD’s for male clients. Information to be submitted may be provided using the “New Procedure and Competency Check List” form (page 15 of the written collaborative agreement document) or it may be submitted using a form of one’s own choosing.*
2. Approximately how many patients will the NP see during a daily work period?
 - a. Check the one (1) timeframe that best represents your usual working hours: 8 hours, 10 hours, 12 hours or 16 hours.
 - b. Indicate the approximate number of patients to be seen during this timeframe.
3. Indicate where you will practice.
 - a. Check the box(es) which best describe(s) your worksite(s).
4. List the name, address, and telephone number for each practice site where you will practice.
5. **For Each Practice Site:** Describe the type of practice, the patient population, and nurse practitioner’s role in the spaces provided.

Example:

Type of Practice: *Adult Internal Medicine*

Patient Population: *Care to adult patients of all ages*

Description of Practitioner Role: *Performing histories, and physicals, ordering laboratory tests, diagnosing and treating acute episodic and chronic disease states.*

Note: The form provides space for two (2) practice sites. If you will be practicing at more than two (2) sites or locations, check the box at the bottom of the page and, using additional sheet(s) of paper, provide the name, address, telephone number, type of practice, patient population, and nurse practitioner's role information for each additional site. Insert the additional page(s) behind page 6 and number them as pages 6a, 6b, etc.

STEP 4 — Complete Section II: Description of Nurse Practitioner Functions

Item A: Nurse Practitioner Diagnoses List (page 7)

1. List examples of common diagnoses for patients who will be seen in this practice setting.

Note: *You do not have to provide an all-inclusive list.*

Example of medical diagnoses for an Internal Medicine practice: *Hypertension, Diabetes, Gastro Esophageal Reflux Disease (GERD), etc.*

2. If working with healthy individuals (e.g., participants in a clinical trial), list examples of medical diagnoses representing untoward effects, complications, etc. that could occur.

Example: *Anaphylaxis, Cardiac Arrest, etc.*

3. Do not include a DSM IV list or the payment codes for your practice.

Item B: Drug Prescriptions (page 8) – (NP graduates will not have prescriptive privileges until completion of the certification process)

1. Will you prescribe medications? If yes, check “yes” on page 8 and complete the rest of the page and the Medication List on page 9. If “no,” proceed to page 10.
2. Will you prescribe Controlled Dangerous Substances (CDS)?

If “yes,” indicate examples of the Schedule Drugs you will be prescribing on the Medication List (page 9).

- a. If you already have a Maryland CDS number, write the number in the space provided. If you have not yet received the Maryland CDS number or if your CDS needs to be renewed, check the appropriate “pending” box.
- b. If you already have a DEA number, write the number in the space provided. If you have not yet received the DEA number or if your DEA needs to be renewed, check the appropriate “pending” box.
- c. If you do not have a CDS number and will be prescribing controlled substances, see Part I, Section 1.5.

If you responded “no” indicate how controlled medications will be prescribed in your practice by checking the appropriate box.

Item C: List of Prescribed Drugs (page 9)

1. Within each drug category that you will be using, provide one or two examples of drugs to be prescribed.

Note: *The drug list should be consistent with the Medical Diagnoses List provided on page 7 of the written collaborative agreement document.*

Item D: Orders Laboratory or Diagnostic Procedures (page 10)

1. Indicate whether or not you will be ordering laboratory or diagnostic procedures.
2. If you responded, “yes,” indicate the types of procedures you will be ordering.

Item E: Interprets Special Laboratory and/or Diagnostic Procedures (page 10)

1. Indicate whether you will be interpreting the results of special laboratory or diagnostic procedures (e.g. colonoscopies, joint aspirations) by checking “yes” or “no.”
 - a. If you responded, “yes,” list/specify which laboratory test or diagnostic procedure outcomes you will interpret (e.g. colonoscopies, joint aspirations, etc.) in the space provided.

Note: *For each listed test or procedure, you must provide documentation that you have attained a satisfactory level of competency. Evidence of competency can be provided using the **Competency Checklist Addendum** (page 15 of the written collaborative agreement document) or any other form of your choice that contains the required information.*

2. Indicate the number of competency forms being attached.
3. Append competency documents following the Authorization page (page 14).

Item F: Performs Diagnostic or Therapeutic Procedures (page 10)

Indicate whether you will be performing diagnostic or therapeutic procedures.

1. If you responded, “yes,” specify which procedures you will perform by checking the appropriate box(es).

Important: *For each listed procedure, you must provide documentation that you have attained a satisfactory level of competency. Competency means you have received didactic instruction and hands-on practice with clients. If simulation is used, demonstration of clinical competence must be completed with patients before submitting the competency documents. For joint aspiration, list the specific joint. List type(s) of biopsies.*

Note: *Evidence of competency can be provided using **Competency Checklist Addendum** (page 15 of the written collaborative agreement document) or any other form of your choice that contains the required information.*

2. Indicate the number of competency forms being attached
3. Append competency documents following page 14.

Item G: Emergency Care (page 11)

1. Describe how medical emergencies will be addressed in your practice.
2. Describe the NP's role in a medical emergency by checking the appropriate box(es).
3. Indicate your current certifications and their expiration dates. Attach a copy of each certification following **page 11** and number the additional page(s) as 11a, 11b, etc.

STEP 5 — Complete Section III: Referrals and Nurse Practitioner/Physician Collaborator Relationship

Item A: Collaborating Physician Referrals (page 12)

1. Provide examples of when the NP will consult with the physician collaborator.
Example: *“The NP will consult with the collaborating physician when there is a presence of unfamiliar symptoms,” etc.*

Item B: Document NP/Physician Accountability (page 12)

1. Describe the process, method, frequency, etc., for jointly signing records in order to document a collaborative/joint plan of care.

Item C: Referrals to Appropriate Licensed Physicians or Other Health Care Providers (page 12)

1. Indicate when the NP will refer patients to other licensed physicians or healthcare providers.
2. Give examples of types of specialists (e.g., Cardiologist, Nutritionist, etc.).

Item D: Collaborating Physician Availability (page 12)

1. Indicate the method(s) by which the collaborating physician will be available to the NP.

Item E: Back-up Physician Coverage (page 13)

1. Describe the process to be used for obtaining temporary physician coverage if your collaborating physician is unavailable due to vacation, illness or other reason.
Note: *The covering physician does not sign the Authorization page (page 14).*

Item F: Other Nurse Practitioners at the Practice Site(s) (page 13)

1. Indicate whether or not other NPs work in the practice (at any site)
2. If you responded, “yes,” provide the name and area of specialty certification of each NP.

Example: “Nancy Nurse, CRNP-Adult”

STEP 6 — Complete Section IV: Authorizations, Signatures and Dates (page 14)

1. Only original signatures are acceptable on this page. The Authorizations (signature) page should be completed as follows:
 - a. **Private Physician Offices with One or More Physicians Collaborating with the NP** — The NP and all collaborating physicians must sign.
Note: Physicians should not sign in the space designated for Chief of Service or Medical Director unless they are acting in that capacity within a hospital inpatient or outpatient setting and are authorized to sign on behalf of other collaborators.
 - b. **Hospital-Based Inpatient or Outpatient Settings and Other Healthcare Facilities ONLY** — The NP may sign with the Chief of Service **OR** Medical Director as his/her collaborator, provided the collaborator has administrative responsibility and oversight for all patients of the facility or responsibility for a particular area of the facility.
 - c. An NP employed by an inpatient facility, may have the Chief of Service **OR** Medical Director for inpatient units/services sign in lieu of the attending physicians (i.e., attending physician signatures not required unless mandated by facility policy).
2. By signing the authorization page, the NP and the collaborating physician(s) agree to:
 - a. Discuss patient diagnoses, prescribed drugs, and practice guidelines, at least annually.
 - b. Formally notify the Maryland Board of Nursing and the Maryland Board of Physicians immediately if either party terminates the agreement. This notification shall be followed by a formal letter specifying the exact termination date. The letters are to be addressed to the Maryland Board of Nursing and to the Maryland Board of Physicians.
3. By signing the authorization page, the Nurse Practitioner agrees to submit a new or amended written collaborative agreement document to the Maryland Board of Nursing for approval before:
 - a. Altering the practice setting.

- b. Modifying or expanding the medical functions that the NP is authorized to perform.
4. If more than six (6) collaborating physicians are identified on pages 3 and 4 of the written collaborative agreement document, print additional copies of the Authorization (signature) page (page 14) to obtain the signatures of all listed collaborating physicians. Insert the additional signature page(s) after page 14 and preceding any “competency documentation” pages).

STEP 7 — Complete Addendum I: New Procedure & Competency Documentation
(page 15)

You may use the Competency Checklist (page 15 of the written collaborative agreement document) or you may use a form of your choosing. The requirements include specific didactic instruction and demonstration of competency(ies), which must be verified by the collaborator(s) listed on the agreement.

STEP 8 — Submit the Written Collaborative Agreement Document or Addendum

- Attach a copy of your current resume as the last addendum for each new agreement.
- You may submit the written collaborative agreement document and its attachments via hand-delivery, US Mail, Fed-Ex, UPS or other courier of your choosing. If receipt confirmation is needed, it is recommended the documents be sent Priority Mail or other mechanism to allow for signature and delivery tracking.

Submit the Original Document to:

**Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215
Attention: Advanced Practice Department
(410) 585-1930**