

# Nurse Protocol Contract Template

THIS PROTOCOL AGREEMENT (hereinafter "Agreement") entered into this \_\_\_\_ day of \_\_\_\_\_, 2008, by and between \_\_\_\_\_ (hereinafter "APRN") and \_\_\_\_\_ (hereinafter "Physician") (collectively hereinafter referred to as "the Parties") as follows:

**WHEREAS**, APRN is duly licensed as an advanced practice registered nurse under Georgia Law and who is recognized by the Georgia Board of Nursing to engage in advanced practice and who holds a masters degree or other graduate degree approved by the Board of Nursing or a person who is recognized by the Georgia Board of Nursing as an advance practice registered nurse on or before June 30, 2006.

**WHEREAS**, Physician is duly licensed and in good standing as a Doctor of Medicine by the Georgia Composite State Board of Medical Examiners pursuant to O.C.G.A. Title 43, Chapter 34, Article 2, and whose principal place of practice is within this state or whose principal place of practice is outside this state but is within 50 miles from the location where the nurse protocol agreement is being utilized;

**WHEREAS**, APRN and Physician each declare that they are in a comparable specialty area or field of practice and desire to enter into this Nurse Protocol Agreement.

**WHEREAS**, The Parties desire to enter into this Agreement for the purpose of defining the scope of prescriptive authority pursuant to O.C.G.A. 43-34-26.3 and other delegated medical acts by Physician to be exercised by the APRN through this Agreement and complying with applicable Georgia laws and regulations.

**WHEREAS**, the Agreement shall not be construed as limiting, in any way or to any extent, the scope of practice authority allowed and provided to the APRN pursuant to the Georgia Nurse Practice Act, O.C.G.A. 43-26-2 et seq. and applicable rules and regulations. NOW, THEREFORE, for mutual promises and adequate consideration as set forth herein, the parties agree as follows:

## I. GENERAL REQUIREMENTS

### A. PARTIES TO THE AGREEMENT

Delegating Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

License Number(s) \_\_\_\_\_

DEA Registration Number \_\_\_\_\_

Specialty: \_\_\_\_\_

2

APRN's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

License Number(s) \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_

Specialty: \_\_\_\_\_

B. The Physician's office practice is a \_\_\_\_\_ (insert type of practice). The practice sees patients in the office setting, hospital clinic setting and as inpatients. The practice primary office is located at \_\_\_\_\_ with additional locations at: \_\_\_\_\_. It is anticipated that the practice will open additional satellite locations at\_\_\_\_\_.

C. Physician warrants that he/she will provide the APRN's DEA number to the Board within thirty (30) days of its issuance.

## II. CONSULTATION

A. Physician shall be available to APRN for immediate consultation, by telephone or other telecommunications. In the event Physician is not readily available for such consultation, the following physician, who concurs with the terms of this Agreement, is identified to be:

\_\_\_\_\_  
Name of physician and specialty of physician

B. See Exhibit A for Other Designated Physician (s) attached hereto and incorporated herein by reference.

## III. DELEGATION OF AUTHORITY

In rendering these services, APRN shall exercise the requisite standard of care, defined as the exercise of at least that degree of skill, care and diligence as would ordinarily be rendered by advanced practice registered nurses generally under like and similar circumstances and shall be specific to the patient population seen.

Physician hereby delegates to APRN, the authority to:

(1) List specifically what is delegated and the circumstances under which such delegation may occur....

(2) Any prescription/orders issued pursuant to this agreement will be issued in a form which contains the following:

- a) The name, address and telephone number of the Physician,
- b) The name of the APRN,
- c) The APRN's DEA number, and the name and address of the patient,

Linda Loeffler  
Director of Organizational Performance  
Roosevelt Warm Springs Institute for Rehabilitation  
Warm Springs, GA 31830  
(706) 655-5634  
[linda.loeffler@dol.state.ga.us](mailto:linda.loeffler@dol.state.ga.us)