

ARNP/MD Practice Agreement*

(to be no more than 2-5 pages long)

I. Requiring Authority:

- A. Nurse Practice Act, Florida Statutes, Chapter 464
- B. Florida Administrative Code, Rules Chapter 64B9-4 Administrative Policies Pertaining to Advanced Registered Nurse Practitioners

II. Parties to Protocol:

(Only myself (as an ARNP) & one Doctor shall be listed here)

- A. Elizabeth A. Johnson, ARNP, RN 9999999
4748 Chastain Drive
Melbourne, Florida 32940
- B. _____, MD, MX 999999, DEA 999999
Practice Name
456 Center Street
Somewhere, FL 99999

III. Nature of Practice:

This collaborative agreement is to establish and maintain a practice model in which the nurse practitioner will provide health care services under the general supervision of Dr. _____. This practice shall encompass family practice and shall focus on health screening and supervision, wellness and health education and counseling, and the treatment of common health problems. (*An appropriate description of my specialty and activities shall be included here*)

This shall be conducted at the following practice Location(s):

Suntree office, Melbourne Office, etc. with addresses provided as in section II B.

IV. Description of the duties and management areas for which the ARNP is responsible:

A. Duties of the ARNP:

The ARNP may interview clients, obtain and record health histories, perform physical and development assessments, order appropriate diagnostic tests, diagnose health problems, manage the health care of those clients for which she has been educated, provide health teaching and counseling, initiate referrals, and maintain health records. (Specific guidelines for patient care decision making may be referenced here. I.e., ARNP developed practice guidelines, professionally developed guidelines, text books, etc. Do not send these references to the Board of Nursing with protocol agreement.)

C. The conditions for which the ARNP may initiate treatment include, but are not limited to:

1. Otitis media and externa
2. Conjunctivitis
3. Upper respiratory tract infections
4. Sinusitis
5. All additional conditions will be listed here

D. Treatments that may be initiated by the ARNP, depending on the patient condition and judgment of the ARNP:

1. Suture of simple and complex lacerations not requiring ligament or tendon repair.
2. Incision and drainage of abscesses.
3. Removal of ingrown toenail.

D. Drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order:

(ARNPs CANNOT PRESCRIBE CONTROLLED SUBSTANCES)

Any prescription medication which is not listed as a controlled substance and which is within the scope of training and knowledge base of the nurse practitioner.

-or -

1. Antibiotics
2. Antihypertensives
3. Contraceptive medications
4. Antihyperlipidemics
5. Etc.

V. Duties of the Physician:

The physician shall provide general supervision for routine health care and management of common health problems, and provide consultation and/or accept referrals for complex health problems. The physician shall be available by telephone or by other communication device when not physically available on the premises. If the physician is not available, his associate, John R. Doctor, MD, MX 999999 (or other description of designated doctor(s) or groups), will serve as backup for consultation, collaboration and/or referral purposes.

VI. Specific Conditions and Requirements for Direct Evaluation

With respect to specific conditions and procedures that require direct evaluation, collaboration, and/or consultation by the physician, the following will serve as a reference guide:

Clinical Guidelines in Family Practice, X Edition, by Constance R. Uphold, ARNP, PhD, and Mary Virginia Graham, ARNP, PhD (or other reference text or practitioner created reference guide)

OR

The physician will be consulted for the following conditions:

3rd degree lacerations

Severe hypertension determined by _____

(all other conditions as determined between myself and the supervisory physician)

VII. All parties to this agreement share equally in the responsibility for reviewing treatment protocols as needed and no less than annually.

_____/ _____ License # RN99999999
Elizabeth A. Johnson, ARNP Date

_____/ _____ License #ME 999999
(name), MD DEA # 999999 Date

Note: This protocol, in addition to amendments and changes, shall be mailed to the ARNP Department, Board of Nursing, 4052 Bald Cypress Way, Bin #C02, Tallahassee, FL 32399-3252. Each party agrees to keep a copy for every review period for four years. The supervising physician shall submit a notice to the Board of Medicine confirming this supervisory role.

*This [ARNP Protocol](#) was accessed directly from the Department of Health website, copied directly as the reference protocol, and modified by substituting E. Johnson, student ARNP, name, corresponding information, and other small additions.