P.O. BOX 2649 HARRISBURG, PA 17105-2649 PHONE (717) 783-7142 FAX (717) 783-0822 www.dos.state.pa.us/nurse Email: st-nurse@pa.gov

## CHANGE OF PRESCRIPTIVE AUTHORITY COLLABORATIVE AGREEMENT

\*\*\*\*\*\*\*DO NOT use this form if you are CHANGING your Collaborating Physician \*\*\*\*\*\*\*

You MUST submit a new *CRNP Application for Prescriptive Authority.* The application is available at <a href="https://www.dos.state.pa.us/nurse">www.dos.state.pa.us/nurse</a> under "Board Forms/Applications."

## **General Instructions**

- 1. Verify ALL names/licenses at <a href="www.licensepa.state.pa.us">www.licensepa.state.pa.us</a> before submitting.
- 2. Include ALL **zeros** and **prefixes/suffixes** for each license/certificate number.
- 3. Collaborating Physician listed on the Change Form must match the Collaborating Physician you listed on your Prescriptive Authority Application.
- 4. If there are changes to your Prescriptive Authority Collaborative Agreement that are not addressed on the form, such as additional practice locations, please contact the State Board of Nursing for further instruction.
- 5. No fee is required for submission of any Change Form.
- 6. A letter confirming the change will be forwarded from the State Board of Nursing once processed.

IMPORTANT: The CRNP must keep a copy of any <u>Change of Prescriptive Authority</u>
<u>Collaborative Agreement Form</u> submitted to the State Board of Nursing.

To verify an agreement is **TERMINATED**, refer to the website www.licensepa.state.pa.us.

## PENNSYLVANIA STATE BOARD OF NURSING P.O. BOX 2649

HARRISBURG, PA 17105-2649

PHONE (717) 783-7142 FAX (717) 783-0822 www.dos.state.pa.us/nurse Email: st-nurse@pa.gov

PRESCRIPTIVE AUTHORITY NUMBER	
NAME OF CRNP	NAME OF COLLABORATING PHYSICIAN
PENNSYLVANIA CRNP CERTIFICATE NUMBER	PHYSICIAN LICENSE NUMBER (Include all prefixes/suffixes)
PHONE NUMBER/EMAIL	
heck every drug category from which the CRNP will prescrib	to be or dispense. <b>DO NOT alter/add to any category.</b> (n) Disinfectants for agents used on objects other than skin
(b) Anti-infective agents	(o) Electrolytic, caloric and water balance
(c) Antineoplastic agents	(p) Enzymes
(d) Unclassified therapeutic agents	(q) Antitussive, expectorants and mucolytic agents
(e) Devices and pharmaceutical aids	(r) Gastrointestinal drugs
(f) Autonomic drugs	(s) Local anesthetics
(g) Blood formation drugs	(t) Eye, ear, nose and throat preparations
(h) Coagulation and anticoagulation drugs	(u) Serums, toxoids and vaccines
(i) Thrombolytic and antithrombolytic agents	(v) Skin and mucous membrane agents
(j) Cardiovascular drugs	(w) Smooth muscle relaxants
(k) Central nervous system agents	(x) Vitamins
(l) Contraceptives including foams and devices	(y) Hormones and synthetic substitutes
(m) Diagnostic agents	
Signature of CRNP	Date Signed
AND	