FORM C ADVANCED PRACTICE REGISTERED NURSE (APRN) PROTOCOL WORKSHEET

PLEASE PRINT LEGIBLY

PRN NAME:	DATE OF BIRTH:
N#:	DEA #:
DDRESS: Street Addres	() ss (Area Code) Phone Number
City	State Zip Code
ERTIFICATION INFORMATION: (PLEASE CHECK	THE APPROPRIATE BOX)
☐ CERTIFIED NURSE MIDWIFE	☐ PSYCHIATRIC/MENTAL HEALTH SPECIALIST
■ NURSE PRACTITIONER	
LEASE LIST COMMONLY USED MEDICATIONS PI UTHORIZED. (LIST SPECIFIC DRUGS, NOT DRUG	RESCRIBED BY THE APRN – SCHEDULE II MEDICATIONS ARE NOT G CATEGORIES.)
6	11 16
. 7.	12. 17.
8	13.
· 9 . 10.	14 19 20
COUTINELY PERFORMED PROCEDURES (PLEASE 6 7 8 9 10	12 17 13 18 14 19
ROTOCOL REFERENCE SOURCES. (NOTE: REFE	ERENCE TEXTBOOKS ARE NOT APPLICABLE)
The APRN is not authorized to dispense medicines w	vith the intent to cause an abortion.
PRN SIGNATURE	DATE

DATE

PHYSICIAN SIGNATURE