

FORM C – Instructions for completion

Please complete carefully. Illegible forms are not accepted.

FORMULARY SECTION:

The Formulary Section should list **20** (and **no more than 20**) of the **most commonly used** medications/prescriptions in your practice that are **written by the APRN**. **Please list specific drugs, NOT drug categories or classes.** Please note that you will **not** be limited to these 20 medications in your practice. **No Schedule II medications can be listed.**

ROUTINELY PERFORMED PROCEDURES:

The Routinely Performed Procedures should clearly define which **routine procedures** the Nurse Practitioner will be performing. **These are the medical procedures (NOT nursing procedures) that the APRN has already been trained to perform and performs on patients on a routine basis.** Do NOT list any diagnostic tests that the APRN would order. For any performed procedures which are outside the normal scope of practice for an APRN, **additional documentation is required.** Some of these procedures are chest tubes, central lines, arterial lines, intubations, joint aspirations, joint injections, trigger point injections, stress test, colposcopy, thoracentesis, bronchoscopy, lumbar puncture, bone marrow biopsy, etc. The additional documentation must be signed and dated by the delegating physician and should include:

- number of times the delegating physician has supervised this procedure being performed by the APRN
- number of times this procedure has been performed by the APRN without supervision
- any other training the APRN has received for this procedure
- patient outcomes, including any complications
- time frame in which the on-the-job training occurred

PROTOCOL REFERENCE SOURCES:

The Protocol Reference Sources are the **patient TREATMENT guidelines (NOT prescribing guidelines)** that are used in your practice. Guidelines **written specifically for Nurse Practitioners** are recommended, but any guidelines written specifically for your specialty or area of practice will be accepted. This may be any **nationally recognized source** depending on your type of practice. However, **PDR, standard medical reference textbooks, general medical texts, and websites are not applicable.**

Form C must have the **Delegating Physician and APRN signatures and dates.**