FORM C – INSTRUCTIONS FOR COMPLETION

(must include the Delegating Physician and APRN signatures and dates)

ILLEGIBLE FORMS ARE NOT ACCEPTED

PLEASE SUBMIT A SEPARATE FORM C FOR EACH PROCEDURE

***FOR ANY MEDICAL PROCEDURES PERFORMED BY THE APRN WHICH ARE NOT WITHIN COMPETENCY OF THEIR CERTIFICATION SPECIALTY, documentation of competency is required.** Some of these procedures may include chest tubes, central lines, arterial lines, intubations, joint aspirations and injections (specify joint/s,) trigger point injections, stress test, implanted birth control, colposcopy, thoracentesis, bronchoscopy, lumbar puncture, bone marrow biopsy, etc. The additional documentation should include the following for EACH MEDICAL PROCEDURE:

1. Documentation of training the APRN has received for this procedure (such as school curriculum or at a previous medical practice)

2. Number of times the delegating physician has supervised this procedure being performed by the APRN (minimum of 10).

3. Number of times this procedure has been performed by the APRN without supervision (minimum of 10)

4. Patient outcomes, including any complications

5. Time frame in which the on-the-job training occurred

6. Signature and date of both the APRN and delegating physician.

7. If the APRN has previously been approved by the GCMB to perform the procedure under a different delegating physician, a copy of the GCMB's approval letter may be submitted in lieu of procedure logs.

* IF ON-THE-JOB TRAINING HAS NOT BEEN COMPLETED, PER THE GUIDELINES GIVEN, PLEASE REMOVE THE PROCEDURE(S) FROM FORM c AND RESUBMIT. A NEW FORM C AND TRAINING DOCUMENTATION MAY BE SUBMITTED ONCE THE ON-THE JOB TRAINING IS COMPLETE. *

FORM C
APRN PROTOCOL WORKSHEET

PLEASE PRINT LEGIBLY

DELEGATING PHYSICIAN NAME:_____ LICENSE#_____

SPECIALTY OF DELEGATING PHYSICIAN:_____

APRN NAME:_____ RN#:_____

CERTIFICATION INFORMATION:

National Certification of APRN:_____

This form is required when requesting approval to perform procedures which were not specifically mastered during APRN education and training. Please complete a separate form for each procedure requested. Please also submit a log of 10 procedures performed under the direct supervision of the delegating procedure and 10 procedures performed independently. Please do not include the names of patients (initials or patient numbers are acceptable) in material submitted to the Board. **By signing this form the delegating physician attest that the APRN possess the competencies to perform this procedure and identify and manage potential complications.**

Procedure:_____

☐ APRN has performed at least 10 procedures under the direct supervision of my delegating physician.

☐ APRN has performed at least 10 procedures independently.

☐ APRN has previously been approved by the GCMB under a different delegating physician to perform the procedure, and attached is the GCMB's approval letter in lieu of procedure logs.

Please submit Procedure Log (Page 2) for each procedure

_____ _____

APRN SIGNATURE **DATE**

_____ _____

PHYSICIAN SIGNATURE **DATE**

Procedure Log

APRN Name: _____

Delegating Physician Name: _____

Procedure: _____

Performed Under Direct Supervision:

Patient Initials or Number	DATE	Delegating Physician Initials	Complications
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Performed Independently:

Patient Initials or Number	DATE	Delegating Physician Initials	Complications
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			