

# GEORGIA COMPOSITE MEDICAL BOARD



2 Peachtree Street, N.W., 36<sup>th</sup> Floor • Atlanta, Georgia 30303 • Tel: 404.656.3913 • FAX: 404.656.9723  
• <http://www.medicalboard.georgia.gov> • E-Mail: [Medbd@dch.ga.gov](mailto:Medbd@dch.ga.gov)

## **ADVANCED PRACTICE REGISTERED NURSE (APRN) PROTOCOL AGREEMENTS GENERAL INFORMATION**

**REGISTRATION FORMS WILL NOT BE REVIEWED WITHOUT REGISTRATION FEE**

### **GEORGIA COMPOSITE MEDICAL BOARD FEES INCREASE JULY 1, 2010**

**Registration Fee: \$75.00**

Make check/money order payable to:  
Georgia Composite Medical Board (GCMB)

**NOTE: THE FEE MAY BE WAIVED FOR THE PROTOCOL APPLICANT IF THE APPLICANT'S PHYSICIAN IS AN EMPLOYEE OF THE STATE OF GEORGIA, OR A COUNTY OR CITY IN GEORGIA. PLEASE SUBMIT EVIDENCE OF EMPLOYMENT, SUCH AS A W2.**

**Please read all materials and instructions carefully. In order for your protocol to go before the Georgia Medical Board for review, it must be received as "completed" 10 business days before the next monthly board meeting. Your form is complete when all primary source documentation has been received. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff.**

### **Address Information**

**Use your office address as your address of record. Georgia law requires that the Georgia Composite Medical Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.**

## ADVANCED PRACTICE REGISTERED NURSE (APRN) PROTOCOL AGREEMENT - CHECKLIST

The CHECKLIST is intended to assist you with the filing of a complete Nurse Protocol Agreement to the Georgia Composite Medical Board. Read all instructions on each page carefully and utilize the checklist as you are filling out the form. All items listed that apply to your situation must be submitted. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. *Do not submit two-sided copies of the form or documentation.* **For quality and confidential purposes, facsimiles of form materials are not accepted. All form material must be original, unaltered, and official where required.**

### **DELEGATING PHYSICIAN REQUIREMENTS**

Prior to submitting a Nurse Protocol Agreement, the delegating physician should review the requirements below:

- A physician whose medical license is restricted shall not enter into a nurse protocol agreement, unless the physician has received prior written approval from the Georgia Medical Board. If you fall into this category, you are responsible for providing the Board with a copy of any and all consent orders or actions against your license.**
- No physician may enter into a nurse protocol agreement with an APRN whose specialty area or field is not comparable to the physician's specialty area or field. **Please make sure your specialty areas are comparable.**
- Unless specifically exempted by paragraph (g) of Code Section 43-34-25, a delegating physician **may not enter** into a nurse protocol agreement with more **than four APRN's at any one time.** Please verify that you have no more than four APRN's at one time.
- Except for practice settings identified in paragraph (7) of subsection (g) of Code Section 43-34-25, a physician **shall not be an employee** of an APRN, alone or in combination with others, if the physician delegates authority to and/or is required to supervise the employing APRN.
- The Fee **may be waived for the Protocol Agreement if the applicant's physician is an employee of the State of Georgia, or a County or City in Georgia.** **Proof of employment, such as a copy of a W2 must be attached to the packet in order to waive the fee.**

### **DOCUMENTATION REQUIREMENTS:**

#### **THE NURSE PROTOCOL REGISTRATION PAGE**

This page contains the registration information for the Delegating Physician and APRN. Complete all requested information, including license history and signatures. (**Original signatures must be submitted. No photocopies are accepted**).

#### **THE NURSE PROTOCOL AGREEMENT**

The requirements to be included in the Nurse Protocol Agreement are found in **Rule 360-32-.02**. Make sure that each requirement has been addressed in the Nurse Protocol Agreement. The Protocol Agreement should be signed and dated by the Delegating Physician, APRN, and all Designated Physicians.

#### **FORM C – NURSE PROTOCOL WORKSHEET**

- The Formulary Section should list 20 (and **no more than 20**) of the **most commonly used** medications in your practice. Please list **specific drugs, not drug categories**. Please note that you will **not** be limited to these 20 medications in your practice.
- The Routinely Performed Procedures should clearly define which **routine procedures** the Nurse Practitioner will be performing.
- The Protocol Reference Sources are the 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.**

#### **NURSING VERIFICATION**

- Current verification from the Georgia Board of Nursing
- Documentation of any Disciplinary Actions/ Orders from the Georgia Board of Nursing
- **Documentation/certification for training or qualifications in specialty areas (including national certification)**

#### **FORM A - for Designated Physicians**

This page contains the registration information for the Designated Physician. Designated physicians are for **back-up/consulting purposes** in the absence of the Delegating Physician. Complete all requested information, including license history and signature. (**Original signatures must be submitted. No photocopies are accepted**).

NO additional fees are required for the annual update or for adding other designated physicians.

**PLEASE MAIL YOUR COMPLETED REGISTRATION PACKET, REQUIRED DOCUMENTATION AND THE NURSE PROTOCOL AGREEMENT TO THE ADDRESS LISTED ON PAGE 1.**