

## **Frequently Asked Questions regarding Nurse Practitioners and Protocol Agreements**

### **Who needs to submit a Nurse Protocol Agreement to the Georgia Medical Board?**

If an APRN has been delegated prescriptive authority (the APRN writes prescriptions), then a nurse protocol agreement must be submitted to the Georgia Medical Board.

There are two (2) different laws in the state of Georgia that pertain to nurse protocol agreements. OCGA 43-34-23 is the GA law regarding nurse protocol agreements without prescriptive authority for the APRN's. OCGA 43-34-25 is the GA law regarding nurse protocol agreements with prescriptive authority for the APRN's.

APRN's who do not write prescriptions and have not submitted nurse protocol agreements to be reviewed by the GA Medical Board, but only call in prescriptions under the physician's name, are practicing under OCGA 43-34-23.

APRN's who write prescriptions and have submitted nurse protocol agreements for review to the GA Medical Board are practicing under OCGA 43-34-25.

### **Do I need to file a protocol agreement with the Medical Board if I am NOT going to write prescriptions?**

No. A nurse protocol agreement is required to be submitted to the Medical Board ONLY if the APRN is authorized to write prescriptions.

### **Does my physician need to co-sign my prescriptions?**

No. With prescriptive authority, an APRN writes and signs his/her own prescriptions. No co-signatures are required.

### **When is a nurse protocol agreement in effect? When can I begin signing prescriptions?**

The nurse protocol agreement is in effect immediately when both the delegating physician and the APRN have signed and dated the agreement. The APRN may begin seeing patients and signing prescriptions under the provisions of the agreement.

### **When should the nurse protocol agreement be submitted to the Medical Board?**

**Within 30 days** of being signed by the delegating physician and the APRN.

**Please NOTE** – that until the Board has reviewed the protocol agreement and has determined it is compliant with law, AND the APRN has applied for and has been issued a DEA number, prescriptions for Schedule III – V medications cannot be written. Prior to a DEA number being issued to the APRN, prescriptions for only NON-SCHEDULED medications can be written. Prescriptions for Schedule I – II medications cannot be written by an APRN. These can only be written by physicians.

### **Can a physician in a specialty practice delegate prescriptive authority to an APRN?**

By law, a delegating physician and an APRN must have comparable specialties in order to enter into a protocol agreement together. There are two (2) ways for a specialty practice physician to delegate prescriptive authority to an APRN. 1) The nurse protocol agreement can specify that the APRN will only perform the **Primary Care** portion of the practice while **undergoing training for the specialty and that the training documentation will be submitted to the Board upon completion.** **OR** 2) Documentation can be submitted that provides that **the APRN**

**has the qualifications /training /experience that would make the APRN's specialty comparable to that of the delegating physician.**

**What kind of documentation can be submitted to show an APRN's specialty?**

A **letter from the delegating physician** with specific information regarding the APRN's training and/or qualifications in the comparable specialty **AND one of the following**:

- 1) National certification in a specialty area from an organization such as the ANCC, AANP, NCC, etc.
- 2) Education – curriculum, transcript, etc.
- 3) Evidence of completion of a documented training course for specific procedure(s)
- 4) Verification from the credentialing department of a hospital or other facility for procedures and/or job duties
- 5) On-the-job training for specific procedures

**What kind of information is required for on-the-job training for a specific procedure?**

- Number of times a procedure has been performed by the APRN
- Number of times the delegating physician has supervised this procedure being performed by the APRN
- 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

**How many APRN's can a physician delegate prescriptive authority to at one time?**

There are some exemptions (see Medical Practice Act) that apply, but usually a delegating physician may not enter into a nurse protocol agreement with more than four (4) APRN's at any one time.

**How can I find out how many APRN's a physician is currently entered into a protocol agreement?**

Visit our website at [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov). At the home page, under "I Want to...", select "View a list of Nurse Protocols reviewed by the Board for Prescribing Privileges". On the following screen, select the related file/pdf file that is listed at the bottom of the screen. The most recent NP listing available will display in alphabetical order by APRN last name. This listing is updated once monthly, after the completion of Board Meetings. At the top left of the screen, select "Edit", then click "Find" from the drop-down box. On the top right side of the screen, enter the physician name/ or license number/ or other info you are searching. Select "Enter." Each time this information is found in the file, it will be highlighted for your review.

**Can our group practice submit one protocol agreement that includes all the APRN's and all the physicians in our practice?**

No. A nurse protocol agreement is a written document mutually agreed upon and signed by ONE delegating physician and ONE APRN. Each APRN in the practice must have his/her own protocol agreement with his/her delegating physician that is submitted to the Medical Board. The other physicians in the practice can be named as designated physicians in the agreement.

**Do I need a DEA number?**

A DEA number is required ONLY if the APRN will be prescribing controlled substances. With a DEA number, the APRN may prescribe regular prescriptions and Schedule III-V drugs, but not Schedule II (Only physicians can prescribe Schedule II.) Without a DEA number, the APRN may not prescribe any scheduled drugs, but may only write regular prescriptions (such as antibiotics, etc.)

**Can I use my delegating physician's DEA number instead of obtaining my own DEA number?**

No. If the APRN will be prescribing controlled substances, he/she may not use the DEA number issued to anyone else but must have his/her own DEA number.

**When do I apply for a DEA number?**

The normal procedure is: 1) submission of your protocol to the Medical Board, 2) receipt of a letter stating the Medical Board has reviewed your protocol, and 3) application to the DEA.

**What if I already have a DEA number?**

If you have had a DEA number in the past as a result of a previous protocol agreement with a previous delegating physician, then you would need to contact the DEA directly regarding any payment or re-application for renewing your DEA number. The Medical Board does not submit anything directly to the DEA on your behalf. The DEA can provide instruction for reactivating your DEA number. An active nurse protocol agreement must be in effect in order to use a DEA number.

**What is a designated physician? What are the requirements for one?**

A designated physician is a consulting physician in the absence of the delegating physician and may also assist with some of the responsibilities of the delegating physician (ie. chart reviews, patient evaluations, etc.). A designated physician must have the same scope of practice as the delegating physician and must provide printed name, license number, and signature indicating agreement to serve as a designated physician.

**Does a designated physician delegate any authority to the APRN?**

No. The designated physician is for consulting purposes only.

**Must a designated physician be indicated on the protocol agreement?**

No. However, if no designated physician is indicated on the protocol agreement and the delegating physician is not available, then the APRN cannot practice.

**Are there a maximum number of physicians that can be listed on a nurse protocol agreement?**

There can be only one (1) delegating physician on an agreement. However, there is no limit to the number of designated physicians on an agreement. The number will depend on your particular practice and the physician availability for consultation.

**Can I add a designated (consulting) physician to an agreement that is already in effect?**

Yes. Submit Form A. Indicate at the top of the form the delegating physician and the APRN who are parties to the agreement. The designated physician completes and signs the form. This form may be submitted to the Medical Board via mail, email, or fax.

**Can I delete a designated physician who is no longer on my agreement?**

Yes. Submit the information to the Medical Board by letter, email, or fax. Indicate the delegating physician and the APRN who are parties to the agreement. State the designated physician name and a statement that the designated physician is no longer on the agreement.

**If the GA Board of Nursing has not posted my NP license on the website, am I still eligible to enter into a nurse protocol agreement?**

No. The GA Board of Nursing must first recognize that you are an APRN by posting that information on their website. Once this information is posted, you are eligible to enter into a nurse protocol agreement.

**Can a physician delegate prescriptive authority to an APRN and supervise a Physician Assistant the same time? If yes, what is the limit for each?**

Yes. The maximum number is determined individually by each type of advance practice provider. A physician could have up to eight (8) advance practice providers (4 APRN's and 4 PA's) at one time. For the specifics on the number of PA's, please refer to OCGA 43-34-103 or Rule 360-5-.07.

**Does the delegating physician have to work at the same physical practice location as the APRN?**

No. The delegating physician should be available for immediate consultation with the APRN, in person or by electronic means. On a quarterly basis, however, the delegating physician must provide onsite observation and review of medical records to monitor the quality of care being provided to the patients.

**If my delegating physician has left our practice and my designated physician remains in the practice am I still covered under the current protocol?**

No. When the delegating physician leaves the practice, the protocol agreement terminates. You are no longer able to practice under the authority from that physician's license. Form B must be submitted to the Board to reflect the termination on our files. It does not matter who the DESIGNATED physician(s) are/were on that agreement, the agreement is terminated. Designated physicians do NOT have any authority for the NP – they do not supervise, delegate to, or have any responsibility to the NP under the agreement.

If the NP would like to continue to have prescriptive authority in this practice, the NP must enter into a new protocol agreement with a new delegating physician. The new delegating physician can be one of the previous designated physicians that now would like to delegate this authority to the NP from their medical license. All paperwork should be submitted to the Board within 30 days of signing the new protocol agreement.

**What is required in order to change my delegating physician?**

There is no accommodation to "change" a delegating physician. **Prescriptive authority is connected to the delegating physician's medical license**; therefore, if the delegating physician changes, the process starts over. The termination notification form (Form B) must be submitted for the previous delegating physician. A new registration packet (including the APRN

registration, nurse protocol agreement, Form C, **registration fee**, and any other documentation or certification) must be submitted for the new delegating physician with the APRN.

**When should the Termination Notification Form be submitted to the Board?**

Within ten (10) working days from the date of the termination. Form B can be submitted by the NP or the delegating physician – it is accepted with one OR two signatures.

**I work in a group practice. Do I need to have a separate protocol agreement with each physician in my practice?**

No. By having a protocol agreement with one physician in your practice (who is the delegating physician), the APRN has prescriptive authority. It does not matter which physician the APRN is “working with” on a given day or which physician is “on call”.

**I work in a group practice. Each of the physicians in my practice wants to have a separate protocol agreement with me. Is this ok?**

It is not necessary, but it is not prohibited. However, each protocol agreement must be maintained separately and all the requirements must be applied individually per agreement (for items such as chart reviews, prescription pads, etc.) A registration packet, including the registration fee, must be submitted for each protocol agreement.

**I will begin work at a second location (satellite office of my primary practice). I will maintain my current delegating physician. What is required?**

Since your delegating physician is the same, you are still working under the same protocol agreement. Make sure that the satellite practice address is added to your protocol agreement file, which should be kept on-site at each location in which the agreement is being utilized by the APRN.

**I will begin a new job on the weekends at a clinic, not affiliated in any way with my current practice where I work during the week. Will I be able to write prescriptions at this new location, using my current protocol agreement?**

No. Since this is a separate practice that is not affiliated with the current practice, there will be a different delegating physician. A new protocol agreement must be submitted by the new delegating physician in order to delegate prescriptive authority to the APRN. A registration packet and fee must be submitted to the Medical Board.

**Do I need to submit a complete drug formulary to the Medical Board?**

No. A drug formulary is no longer required as part of the registration process.

**PLEASE NOTE:** Prescriptions for Schedule I and II medications cannot be written by an APRN. These can only be written by physicians.

**What kind of procedures require documentation of training, on Form C?**

Any procedure that the NP has not been trained to perform through their education/ certification programs and requires on-the-job training, should be submitted via Form C along with training documentation (see Form C instructions for details).

**Does the protocol agreement have to be reviewed annually? Does it need to be submitted to the Board annually?**

On an annual basis, the protocol agreement must be reviewed and revised (if necessary) by the delegating physician and the APRN, including being signed and dated. This annual updated protocol agreement is NOT submitted to the Medical Board, unless the primary practice location changes. The agreement is retained at the practice location. If the Board determines that they would like to view an updated protocol, the Board will request it from the delegating physician and it will be the physician's responsibility to submit the protocol agreement to the Board at that time. If additional procedures are being added to the protocol agreement during the annual update, Form C must be resubmitted to the Board, along with the documentation of the training for the new procedures.

**Do designated physicians participate in the annual review of the protocol agreement?**

No. This is performed by the delegating physician and the APRN only.

**How do I know if the Board has reviewed my nurse protocol agreement?**

A listing is available on our website of protocol agreements that have been reviewed by the Board. Visit our website at [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov). At the home page, under "I Want to..." select "View a list of Nurse Protocols reviewed by the Board for Prescribing Privileges". On the following screen, select the Associated Document at the bottom of the screen. The list appears in alphabetical order by APRN last name. This listing is updated once monthly, after the completion of Board Meetings.

**I have recently married/divorced. How do I change my name on the website listing showing that my protocol has been reviewed by the Medical Board?**

Your name change must be processed for your license through the GA Board of Nursing. When this has been completed, notify the Medical Board. When your name change has been verified with the GA Board of Nursing, your name will be changed on our website listing. However, this listing is updated once monthly, after the completion of Board Meetings.

**If I have completed training for additional procedures after my protocol agreement has gone into effect, can those procedures be added?**

Yes. Submit Form C with the new procedure(s). Include copies of the training documentation for the new procedures. The Board will review the information/documentation at the next scheduled Board meeting.

**How do I request a copy of my protocol agreement file and/or a duplicate approval letter?**

Submit a request that includes the name and license number of the NP and delegating physician in the agreement, the items that are needed from the protocol file, how you want the Board to return the documentation to you (mail, email, or fax). The fee is \$5.00.

**How can get a verification of my prescriptive authority sent to another state?**

Submit a request to the Board with your name, RN number, delegating physician name, and the mailing address of the state you would like to verification mailed. The fee is \$25.00.

## What training as an APRN is comparable based on the consensus guidelines?

	Potential Practice Sites					In-patient
Pediatric Primary Care (PNP-PC)	Pediatric ambulatory primary care	Pediatric ambulatory subspecialty care	Pediatric chronic disease management	School-based clinics	Urgent care, fast track	NBN care; Not typically otherwise
Pediatric Acute Care (PNP-AC)	Pediatric critical care	Pediatric surgical specialties	Pediatric subspecialty care-post acute follow-up	Pediatric transport	Pediatric EDs	YES
Neonatal NP (NNP-BC)	Neonatal NICU (Levels 3-4)	Special care nurseries (Levels 2a-2c)	Newborn Nursery	Neo/Pedi transport (thru age 2)	Follow-up clinics; neonatal medial homes; primary care or subspecialty chronic disease	YES-through age 2
Adult-Gero Primary Care (ANP-BC; AGPCNP-BC)	Adult ambulatory primary care	Ambulatory internal medicine clinics	Ambulatory subspecialty clinics	Walk in clinics	Long-term care facilities	Not typically ; case by case basis
Adult-Gero Acute Care (ACNP; AGACNP)	Adult critical care; inpatient or telehealth remote	Adult subspecialty care inpatient	Adult surgical specialties-inpatient/outpatient	Rapid response or transport programs	Adult ED	YES
Women's Health NP (WHNP-BC)	Adult ambulatory primary care for women (or sexual partners)	Ambulatory OB/Gyn clinics	Ambulatory women's subspecialties (breast, oncology, cardiac)	Sexual assault exams in EDs	In-patient OB hospitalists with additional training and certification	Yes
Family Practice Primary Care (FNP)	Adult/pediatric ambulatory primary care	Ambulatory internal medicine clinics	Ambulatory subspecialty clinics with additional training	Retail clinics	Urgent care	Not typically ; case by case basis
Psyche-Mental Health NP	In-patient psyche facilities (adult or pediatric)	Out-patient psyche practices (inc. the justice system)	Behavioral Health community settings (half-way houses, etc)	Long-term care facilities for mental health services	Chemical dependency treatment centers	Yes
Certified Nurse Midwife (CNM)	Ambulatory OB/Gyn clinics/offices	Community based birthing centers; Home births	Hospital based birthing centers	Ambulatory women's clinics (or sexual partners)	Care of newborns within first month of life	Yes
Certified Registered Nurse Anesthetist (CRNA)	Hospital based Surgical centers	Community based surgical centers	Hospital based birthing centers	Pre-anesthesia clinics	Community based pain clinics/practices	Yes

