## Georgia Composite Medical Board



2 Peachtree Street, NW • 6<sup>th</sup> Floor • Atlanta, Georgia 30303 • (404) 656-3913 • <u>www.medicalboard.georgia.gov</u>

Nurse Protocol Agreement Amendment

| This amendment is entered into on |  | (mm/dd/yyyy) |
|-----------------------------------|--|--------------|
|-----------------------------------|--|--------------|

The name of the APRN is \_\_\_\_\_

The name of the Delegating Physician is\_\_\_\_\_

Advanced Radiographic Imaging Tests

Advanced radiographic imaging tests may be ordered by APRN. As used herein, the phrase "advanced radiographic imaging tests" means CT scans, MRI scans, PET scans, or nuclear medicine scans.

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

APRN's Signature\_\_\_\_\_

Date\_\_\_\_\_

**Delegating Physician's** 

Signature\_\_\_\_\_

Date\_\_\_\_\_

6/18/2024