

Georgia Composite Medical Board



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Nurse Protocol Agreement Amendment

This addendum is entered into on _____ (mm/dd/yyyy)

The name of the APRN is _____

The name of the Delegating Physician is _____

The following authority is being added to APRN Protocol Number _____

Check all that apply.

- Pursuant to O.C.G.A. § 43-34-25(d.1) - Issuance of prescription drug orders for hydrocodone, oxycodone, or compounds thereof in emergency situations if:
1. the APRN has directly evaluated the patient,
 2. the prescription drug order is limited to an initial prescription, not to exceed a five-day supply,
 3. the patient is 18 years of age or older, and
 4. the APRN has completed one hour of continuing education biennially in the appropriate ordering and use of hydrocodone, oxycodone, and compounds thereof.

- Pursuant to O.C.G.A. §§ 31-10-15 and 43-34-25(b) - Sign death certificates

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 _____

Please email a completed copy of this form to dch.aprn@dch.ga.gov.

A copy of this should also be maintained by the APRN and Delegating Physician as required by O.C.G.A. § 43-34-25(c)(8).

07/11/2024