

For the Nurse Protocol Registration Forms and Information:

The website for the Georgia Composite Medical Board is www.medicalboard.georgia.gov

For information regarding Nurse Practitioners and Protocol Agreements, please review the **Frequently Asked Questions** on our website.

At the **home page**, on the left side of the screen, choose **“For Professionals”**. On the next screen, choose **“Download Applications”**. On the next screen, choose **“Nurse Protocol (APRN) Forms”**. When you click on this item, there will be a menu.

Nurse Protocol (APRN) Forms

APRN Forms

APRN Rules pursuant to OCGA 43-34-25

Frequently Asked Questions

SAMPLE APRN Agreement for Family Practice

From this menu, you will need to print:

APRN Rules pursuant to OCGA 43-34-25 – This is a 7-page document that contains the rules pertaining to Nurse Protocol Agreements. **Pay close attention to Section 360-32-.02. This is the section that lists the requirements that must be addressed in the Protocol Agreement between the delegating physician and the APRN.** There is no standard format for the Protocol Agreement, as it will be slightly different depending on the type of practice.

SAMPLE APRN Agreement for Family Practice (This is a **SAMPLE** agreement to be used **as a guide** in creating your protocol agreement for your practice.)

Click on the **APRN Forms**. The next menu will display:

APRN Forms

APRN General Information and Checklist

APRN Registration Form

Form A – Designated Physician Information (This is for the consulting or back-up physician – **NOT** the delegating physician.)

Form B – Protocol Agreement Termination

Form C – Protocol Agreement Worksheet

Form D – APRN DEA Information

From this menu, you will need to print:

- **APRN Registration Form**
- **Form A** – Designated Physician Information (if applicable)
- **Form C** – Protocol Agreement Worksheet
- **Form D** – ONLY if the APRN’s DEA number has ALREADY been issued

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When you submit your paperwork to the Georgia Medical Board, you will need to send:

1 – **Registration Form** - Make sure all information is complete and the form is signed and dated by the delegating physician and the APRN. The **original form** must be **mailed** to the Medical Board.

2 – **Form A – Designated Physician Information** (optional) – There may be multiple copies of this form depending on the number of designated (consulting or back-up) physicians listed on the protocol agreement. Make sure all information is complete and the form is signed and dated by the designated physician. The **original form(s)** must be **mailed** to the Medical Board.

***** PLEASE NOTE - **If there are no designated physicians on the protocol agreement, there must be a statement in the agreement that when the delegating physician is unavailable, the APRN will NOT see patients.**

3 – **Form C – Nurse Protocol Agreement Worksheet** – Be sure to follow the instructions from the Documentation Requirements in the Registration Packet when completing this form.

4 – **Nurse Protocol Agreement** - This is the document that has been created between the delegating physician and the APRN. It must be signed and dated. **It must contain all the requirements** from **Rule 360-32-.02**. (The SAMPLE Nurse Protocol Agreement **may be used as a guide** to create the protocol agreement for an individual practice.)

5 – **\$75.00 fee**, check or money order made payable to the Georgia Medical Board.

6 – **Documentation of special training** or qualifications for any procedures that are **outside** the normal training for Nurse Practitioners – **this would also include any certifications (FNP, PNP, ANP, WHNP, etc.) from organizations such as the AANP or the ANCC.**

Please note:

** The **DEA Information** form is submitted to the Board only **AFTER** the DEA number has been issued.

** **Form B** is submitted to the Board when the **protocol agreement is being terminated** between the delegating physician and the APRN.

Questions?? Contact Carol Dorsey by e-mail at cdorsey@dch.ga.gov or by phone at 404-463-5038.