

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.

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

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.

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.

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.

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.

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. 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 must be mailed to the Medical Board as an original signature is required.

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.

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

There are some exemptions 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.

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 mid-level practitioner. A physician could have up to eight (8) mid-level practitioners (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.

How much pharmacological training is required?

There is no specified type or amount. The delegating physician determines the type and amount of pharmacological training that an APRN receives, depending on the practice specialty. The training should be at least on an annual basis.

What is required when I stop working with my delegating physician?

When the nurse protocol agreement is no longer in effect (the physician is no longer delegating prescriptive authority to the APRN), the protocol agreement is terminated. The Termination Notification Form (Form B) is submitted to the Medical Board. This form is signed by both the delegating physician and the APRN.

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

Within ten (10) working days from the date of the termination.

What happens if the APRN (or the delegating physician) is not available to sign the termination notification form?

Indicate on the form that the APRN (or delegating physician) is not available to provide a signature. At least one signature is required.

My delegating physician has retired/moved out of state/etc. I now have a new delegating physician. How do I change the name of 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.

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 included on your protocol agreement as a practice location.

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 protocol agreement must be submitted to the Medical Board.

How do I submit an amendment or an addendum to my current protocol agreement?

This can be done one of two ways.

- 1) Title the amendment page with the names of the delegating physician and APRN and state that this page includes amendment item(s) for their protocol agreement. State the amended item(s). Both the delegating physician and the APRN sign and date the page. Mail or fax the amendment page(s) to the Medical Board.
- 2) Instead of submitting an amendment page, the amended items can be incorporated into an updated protocol agreement. The new agreement must be signed and dated by the delegating physician and the APRN. Mail or fax the new agreement to the Medical Board.

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

No. On Form C, list only the 20 (and no more than 20) commonly used medications in your practice that will be written by the APRN. List the specific drugs and not drug categories or classes. You are not limited to these 20 medications in your practice. No Schedule II medications can be listed on Form C.

What are Routinely Performed Procedures on Form C?

These are the medical procedures that the APRN has already been trained to perform and performs on a routine basis in the practice.

What are Protocol Reference Sources on Form C?

These are the clinical guidelines that are used in your practice. Guidelines written specifically for Nurse Practitioners are recommended, but any guidelines written specifically for your specialty or your area of practice will be accepted.

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, regardless of any 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. 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 an updated Form C with the new procedures added to the list of existing procedures, along with all other current information. Include copies of the training documentation for the new procedures. The Board will review the information/documentation at the next scheduled Board meeting.

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.