

GEORGIA COMPOSITE MEDICAL BOARD



2 Peachtree Street, N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3913 • FAX: 404.656.9723
• <http://www.medicalboard.georgia.gov> • E-Mail: Medbd@dch.ga.gov

ADVANCED PRACTICE REGISTERED NURSE (APRN) PROTOCOL AGREEMENTS GENERAL INFORMATION

REGISTRATION FORMS WILL NOT BE REVIEWED WITHOUT REGISTRATION FEE

Registration Fee: \$150.00

Make check/money order payable to:
Georgia Composite Medical Board (GCMB)

NOTE: THE FEE MAY BE WAIVED FOR THE PROTOCOL APPLICANT IF THE APPLICANT'S PHYSICIAN IS AN EMPLOYEE OF THE STATE OF GEORGIA, OR A COUNTY OR CITY IN GEORGIA. PLEASE SUBMIT EVIDENCE OF EMPLOYMENT, SUCH AS A W2.

Please read all materials and instructions carefully. In order for your protocol to go before the Georgia Medical Board for review, it must be received as "completed" by the 15th of each month, prior to the next monthly Board meeting. Your file is complete when all required documentation has been received. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff.

Address Information

Use your office address as your address of record. Georgia law requires that the Georgia Composite Medical Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.

ADVANCED PRACTICE REGISTERED NURSE (APRN) PROTOCOL AGREEMENT - CHECKLIST

The CHECKLIST is intended to assist you with the filing of a complete Nurse Protocol Agreement to the Georgia Composite Medical Board. Read all instructions on each page carefully and utilize the checklist as you are filling out the form. All items listed that apply to your situation must be submitted. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. *Do not submit two-sided copies of the form or documentation.* **For quality and confidential purposes, facsimiles of form materials are not accepted. All form material must be original, unaltered, and official where required.**

DELEGATING PHYSICIAN REQUIREMENTS

Prior to submitting a Nurse Protocol Agreement, the delegating physician should review the requirements below:

- 1. A physician whose medical license is restricted shall not enter into a nurse protocol agreement, unless the physician has received prior written approval from the Georgia Medical Board. If you fall into this category, you are responsible for providing the Board with a copy of any and all consent orders or actions against your license.**
- 2. No physician may enter into a nurse protocol agreement with an APRN whose specialty area or field is not comparable to the physician's specialty area or field. Please make sure your specialty areas are comparable.**
- 3. Unless specifically exempted by paragraph (g) of Code Section 43-34-25, a delegating physician may not enter into a nurse protocol agreement with more than four APRN's at any one time. Please verify that you have no more than four APRN's at one time.**
- 4. Except for practice settings identified in paragraph (7) of subsection (g) of Code Section 43-34-25, a physician shall not be an employee of an APRN, alone or in combination with others, if the physician delegates authority to and/or is required to supervise the employing APRN.**
- 5. The Fee may be waived for the Protocol Agreement if the applicant's physician is an employee of the State of Georgia, or a County or City in Georgia. Proof of employment, such as a copy of a W2 must be attached to the packet in order to waive the fee.**

DOCUMENTATION REQUIREMENTS:

THE NURSE PROTOCOL REGISTRATION PAGE

This page contains the registration information for the Delegating Physician and APRN. Complete all requested information, including license history and signatures. (**Original signatures must be submitted. No photocopies are accepted**).

THE NURSE PROTOCOL AGREEMENT

The requirements to be included in the Nurse Protocol Agreement are found in **Rule 360-32-.02**. Make sure that each requirement has been addressed in the Nurse Protocol Agreement. The Protocol Agreement should be signed and dated by the Delegating Physician, APRN, and all Designated Physicians.

FORM C – NURSE PROTOCOL WORKSHEET – This form must be submitted in a "typed-format"

- One of the two options given should be marked based on the procedures being performed by the Nurse Practitioner.
- For the second option, only list procedures that are outside of the normal scope of practice (based on certification) for an APRN to perform, such as chest tubes, central lines, arterial lines, intubations, joint injections/aspirations, etc. Please see the Form C instructions for additional examples of procedures that require training since training documentation is required. The documentation should include a letter of competency signed by the delegating physician, in addition to any certificates, continuing education hours, or procedure logs that you would like to submit. The letter of competency must contain all information outlined in the Form C instructions, for each procedure listed.

*Form C must be signed and dated by the **Delegating Physician and APRN**.

NURSING VERIFICATION

- Current verification from the Georgia Board of Nursing
- Documentation of any Disciplinary Actions/ Orders from the Georgia Board of Nursing
- **Documentation/certification for training or qualifications in specialty areas (including national certification)**

FORM A - for Designated Physicians

This page contains the registration information for the Designated Physician. Designated physicians are for **back-up/consulting purposes** in the absence of the Delegating Physician. Complete all requested information, including license history and signature. (**Original signatures must be submitted. No photocopies are accepted**).

NO additional fees are required for the annual update or for adding other designated physicians.