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
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 – $150.00 fee (updated 07/13), 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.