

IX. SAMPLE WRITTEN COLLABORATIVE AGREEMENT

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(68 Ill. Adm. Code § 1300. EXHIBIT A MODIFIED)

ADVANCED PRACTICE NURSING
WRITTEN COLLABORATIVE AGREEMENT

A. ADVANCED PRACTICE NURSE INFORMATION

1. NAME: _____
2. ILLINOIS RN LICENSE NUMBER: _____
ILLINOIS APN LICENSE NUMBER: _____
ILLINOIS MID-LEVEL PRACTITIONER CONTROLLED
SUBSTANCE LICENSE NUMBER: _____
FEDERAL MID-LEVEL PRACTITIONER DEA NUMBER: _____
3. AREAS OF CERTIFICATION: _____
4. CERTIFYING ORGANIZATION: _____
5. CERTIFICATION EXPIRATION DATE: _____
6. CERTIFICATION NUMBER: _____
7. PRACTICE SITES: (Attach List of Sites). See Attachment A.
8. CONTACT NUMBER: _____
FACSIMILE NUMBER: _____
EMERGENCY CONTACT NUMBERS: _____
(e.g., pager, answering service)
9. ATTACHMENTS:
Copy of Certification/Recertification
Copies of RN & APN License
Copy of Certificate of Insurance
Copy of Mid-Level Practitioner License

B. COLLABORATING (PHYSICIAN/PODIATRIST/DENTIST) INFORMATION

1. NAME: _____
2. ILLINOIS LICENSE NUMBER: _____
3. PRACTICE AREA OR CONCENTRATION: _____
4. BOARD CERTIFICATION (if any): _____

5. CERTIFYING ORGANIZATION: _____
6. PRACTICE SITES: (Attach List of Sites). See Attachment A.
7. CONTACT NUMBER: _____
 FACSIMILE NUMBER: _____
 EMERGENCY CONTACT NUMBERS: _____
 (e.g., pager, answering service)

C. ADVANCED PRACTICE NURSE COLLABORATING (PHYSICIAN/PODIATRIST/DENTIST)
 WORKING RELATIONSHIP

1. WRITTEN COLLABORATIVE AGREEMENT REQUIREMENT

A written collaborative agreement is required for all Advanced Practice Nurses (APNs) engaged in clinical practice outside of a hospital or ambulatory surgical treatment center (ASTC). An APN may provide services in a licensed hospital, or hospital affiliate clinic, or ASTC without a written collaborative agreement or delegated prescriptive authority.

2. SCOPE OF PRACTICE

Under this agreement, the advanced practice nurse will work with the collaborating physician or podiatrist in an active practice to deliver health care services to _____. This includes, but is not limited to, advanced nursing patient assessment and diagnosis, ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the APN or another health care professional, ordering treatments, ordering or applying appropriate medical devices, using nursing, medical, therapeutic and corrective measures to treat illness and improve health status, providing palliative and end-of-life care, providing advanced counseling, patient education, health education and patient advocacy, prescriptive authority, and delegating nursing activities or tasks to a LPN, RN or other personnel.

If applicable, the advanced practice nurse shall maintain allied health personnel privileges at the following hospitals for the designated services:

Hospitals: _____

This written collaborative agreement shall be reviewed and updated annually. A copy of this written collaborative agreement shall remain on file at all sites where the advanced practice nurse renders service and shall be provided to the Illinois Department of Financial and Professional Regulation upon request. Any joint orders or guidelines are set forth or referenced in Attachment B.

3. COLLABORATION AND CONSULTATION

- I. Collaboration and consultation shall be adequate, if a collaborating physician/podiatrist:
- (A) Participates in the joint formulation and joint approval of orders or guidelines with the advanced practice nurse as needed, based on the practice of the practitioners, and periodically reviews those orders and the services provided patients under those orders in accordance with accepted standards of medical practice and advanced practice nursing practice;
 - (B) Provides collaboration and consultation with the advanced practice nurse at least once a month; and
 - (C) Is available in person, or through telecommunications, for consultation and collaboration on medical problems, complications, or emergencies or patient referral. (See 225 ILCS 60/54.5(b)(5).)

The written collaborative agreement shall be for services the collaborating physician/podiatrist generally provided to his or her patients in the normal course of clinical practice.

- II. Information specific to collaboration and consultation with a CRNA is as follows:
- (A) A licensed CRNA may provide anesthesia services pursuant to the order of a licensed physician, podiatrist or dentist.
 - (B) For anesthesia services, an anesthesiologist, physician, podiatrist or dentist participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.
 - (C) A CRNA may select, order and administer medications, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed to by an anesthesiologist, or the operating physician, operating podiatrist or operating dentist. (See 225 ILCS 65/65-35(c-5) and (c-10).)
 - (D) In a physician's office, the CRNA may only provide anesthesia services if the physician has training and experience in the delivery of anesthesia services to patients.
 - (E) In a podiatrist's office, the CRNA may only provide those services the podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act.
 - (F) A collaborative agreement between a CRNA and a dentist must be in accordance with 225 ILCS 65/65-35(c-10). In a dentist's office, the CRNA may only provide those services the dentist is authorized to provide pursuant to the Illinois Dental Practice Act.

4. COMMUNICATION, CONSULTATION AND REFERRAL

The advanced practice nurse shall consult with the collaborating physician/podiatrist by telecommunication or in person as needed. In the absence of the designated collaborating physician/podiatrist, another physician/podiatrist shall be available for consultation.

The advanced practice nurse shall inform each collaborating physician/podiatrist of all written collaborative agreements he or she has signed with other physicians/podiatrists and provide a copy of these to any collaborating physician/podiatrist upon request.

5. DELEGATION OF PRESCRIPTIVE AUTHORITY

As the collaborating physician/podiatrist, any prescriptive authority delegated to the advanced practice nurse is set forth in Attachment C.

NOTE: ADVANCED PRACTICE NURSES MAY ONLY PRESCRIBE CONTROLLED SUBSTANCES UPON RECEIPT OF AN ILLINOIS MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCE LICENSE.

6. TERMINATION

This agreement may be terminated by either the collaborating physician or advanced practice nurse with [#]__ days written notice or for just cause.

WE THE UNDERSIGNED AGREE TO THE TERMS AND CONDITIONS OF THIS WRITTEN COLLABORATIVE AGREEMENT.

Collaborating Physician/Podiatrist/
Dentist (Signature)

Advanced Practice Nurse (Signature)

Date: _____

Date: _____

(Physician's/Podiatrist's/Dentist's Typed Name)

(Advanced Practice Nurse's Typed Name)