

**COLLABORATIVE AGREEMENT FOR ADVANCED PRACTICE REGISTERED NURSE
PRESCRIPTIVE AUTHORITY FOR CONTROLLED SUBSTANCES – CAPA-CS**

This Collaborative Agreement for APRN Prescriptive Authority for Controlled Substances (the CAPA-CS) is entered into this _____ day of, in the month of _____, in the year of _____, by and between _____ APRN, herein after the “APRN”, and _____ MD/ DO, herein after the “physician”.

WITNESSETH:

WHEREAS, the APRN and the physician desire to enter into a CAPA-CS pursuant to KRS 314.011 and KRS 314.042; and

WHEREAS, this CAPA-CS is entered by and between the APRN and the physician for the sole purpose of defining the scope of prescriptive authority for scheduled drugs to be exercised by the APRN in compliance with all the applicable sections of KRS Chapter 314; and

WHEREAS, this agreement is not a substitute for the independent clinical judgment of the APRN based on the specific needs of the patient, the APRN shall remain responsible and accountable pursuant to KRS Chapter 314.

NOW, THEREFORE, the parties agree as follows:

1. All of the foregoing is a part of this agreement and not mere recitals.
2. The APRN shall prescribe scheduled drugs II - V as classified in KRS 218A.060, 218A.070, 218A.080, 218A.090, 218A.100, 218A.110, 218A.120, and 218A.130, under the conditions set forth in KRS 314.011 and KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing.
3. The APRN shall prescribe scheduled drugs appropriate for conditions which the APRN may treat pursuant to the APRN's scope of practice as defined in 201 KAR 20:057.
4. The APRN and physician shall collaborate and communicate on the prescribing of scheduled drugs when necessary either in person, by phone, by fax, or electronically.
5. This agreement is not intended to serve as a substitute for the independent clinical judgment of the APRN based on the specific needs of the patient and this agreement does not place increased liability on the physician for those decisions made by the APRN.
6. This agreement may be rescinded by either party with 7 days notice and upon receipt of written notice via registered mail to the other party, the Kentucky Board of Nursing and the Kentucky Board of Medical Licensure.

APRN signature

Physician signature

APRN license #

Physician license #

APRN specialty

Physician specialty

Practice street address

Practice street address

City, state, zip

City, state, zip

Phone

Phone