

**Common Collaborative Agreement for Advanced Practice Registered Nurse
Prescriptive Authority for Non-Scheduled Drugs (CAPA-NS) Form**

THIS COLLABORATIVE PRESCRIBING AGREEMENT (the "Agreement") is entered into this ____ day of the month of _____ in the year _____, by and between _____ APRN, herein after the "APRN", and _____ M.D./D.O., herein after the "Physician".

WHEREAS, the APRN and the physician desire to enter into a Collaborative Prescribing Agreement pursuant to KRS 314.042(8); and

WHEREAS, this Collaborative Prescribing Agreement is entered by and between the APRN and the Physician for the sole purpose of defining the scope of prescriptive authority to be exercised by the APRN, all in compliance with 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 314.021(2).

NOW, THEREFORE, the parties agree as follows:

1. All of the foregoing are a part of this agreement and are not mere recitals.
2. The APRN shall be permitted to prescribe all nonscheduled legend drugs appropriate for conditions which the APRN may treat pursuant to the APRNs scope of practice as defined in 201 KAR 20:057 in the specialty of _____.
3. The APRN shall only be permitted to prescribe nonscheduled legend drugs as defined in KRS 217.905, and under the conditions set forth in KRS 314.042 and KRS 314.011.
4. This agreement shall not be construed as limiting, in any way or to any extent, the scope of practice authority provided to the APRN pursuant to KRS Chapter 314, and the administrative regulations promulgated pursuant thereto, 201 KAR 20:056 and 20:057; nor shall it be construed as governing the authority of the nurse anesthetist to deliver anesthesia care.
5. This agreement is not intended to serve as a substitute for the independent clinical judgment of the APRN based on 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 shall remain in effect unless terminated by either party with thirty (30) days notice.

APRN name

Physician name

APRN Signature

Physician Signature

APRN license no.

Physician license no.

Practice address

Practice address

City, state, zip

City, state, zip

Phone

Phone