Template for
APRN Practice Guidelines / Collaborative Agreement

Follow this template – all elements must be present for approval.

Section A:
Personal Data
Name:
Certification:
Certification organization:

Examples of what the above should look like:
Jane Doe Family Nurse Practitioner American Academy of Nurse Practitioners (AANP)
John Doe Family Psychiatric Mental Health Nurse Practitioner American Nurses Credentialing Center
Jane Doe Certified Nurse Midwife American Midwifery Certification Board
John Doe Certified Registered Nurse Anesthetist National Board on Certification & Recertification of Nurse Anesthetists

Section B:
Collaborating APRN, MD, or DO: (Needs to fulfill transition to practice hours)
Name:
Specialty:
Vermont License Number:
Contact Telephone Number:

Examples of what the above should look like:	
John Smith, APRN Pediatric Nurse Practitioner Vt. License # 101-XXXX 802-xxx-xxxx	Jane Smith, MD Pediatrician Vt. License # XXXX 802-xxx-xxxx

If you have fulfilled the transition to practice hours and have a "Transition to Practice Attestation" form on file with the Board of Nursing, you do not need to have this section in your practice guidelines.

Section C:
Clinical Practice:

Practice Name:
Physical Practice Address:
Practice Telephone Number:
Client Population (you will be serving):
Type of Care (you will be providing):

> **Examples of what the above should look like:**
>
> Pediatric Care, Inc
> 15 South Street
> Somewhere else, VT
> 802-yyy-yyyy
>
> Client population **you will serve**: Pediatrics - up to age 18
> Type of care **you will provide**: A brief description of the type of care you are providing (eg: primary care, urgent care. **If in a specialty practice or department** such as cardiology, endocrinology, etc, provide a brief description of the care you will be providing)

Section D:
Quality Assurance Plan:

A description of the quality assurance plan.

> **Examples of what the above should look like:**
>
> I will follow the quality assurance plan as performed by (place of employment.) This includes but is not limited to retrospective chart review, monthly peer review meetings and evaluation of specific quality goals and outcomes. I will maintain my national certification which requires a minimum number of continuing education units including pharmacology.

Section E:
( ) APRN Signature ( ) APRN Date

If transition to practice hours are not met:
( ) Collaborating Providers Signature ( ) Collaborating Providers Date

Unsigned practice guidelines will not be approved. Dates MUST be current.

APRN Practice Guideline Template 2015 0422