Approval of Formal, Documented Organizational Policy

Practice Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preamble

 The undersigned APRN, CP(s), and ACP(s) hereby approve the following Formal, Documented Organizational Policy, for the purpose of providing continuing collaboration between the designated APRN and an alternative collaborating physician (“ACP”), when the collaborating physician(s) (“CP”[s]) designated below, who have been previously approved by the LSBN and are identified on an attestation of APRN Collaborative Practice previously submitted to the LSBN, are unavailable.

**THE ACP**

 The undersigned ACP has received a copy of the Collaborative Practice Agreement (“CPA”) previously signed by the undersigned CP(s) and the APRN, and the undersigned hereby agrees to the provisions of that CPA and will adhere to those provisions and any applicable regulations, rules and laws, and any applicable requirements imposed by the LSBME and/or the LSBN.

 The undersigned ACP hereby confirms that he/she meets the provisions imposed upon an ACP as defined in the definition of ACP in LAC: XLVII:4505.

**THE CP AND THE APRN**

 The undersigned CP and the APRN hereby agree and confirm:

1. The CP(s) and the APRN have the authority to establish this policy at the practice site identified herein; and

2. The CP(s) and the APRN are responsible for ensuring this policy is established and that the policy and the ACP(s) designated below meet all applicable requirements.

**ALL PARTIES – CP, ACP, AND APRN**

 Each of the undersigned acknowledges and agrees:

1. This policy shall be available to the LSBN and the LSBME and its/their representatives when requested, including but not limited to the dates of the designation and the names of the designated ACP(s).

2. A CP may designate an ACP only at practice sites which were submitted by the APRN to the LSBN that are associated with the CP that wishes to designate an ACP herein. The CP and the APRN are not authorized to designate nor utilize an ACP at a practice site which is not associated with the CP as recorded by the LSBN as derived from submissions of the APRN including Attestations and forms required by the LSBN.

3. In the event all CPs are unavailable at a site, and there is no designated ACP as provided for in LAC: §4513.D.1.f.iii(b), the APRN will not medically diagnose nor prescribe.

4. All persons signing this policy acknowledge this policy may be enforced by the APRN, CP, and ACP designated herein; by the LSBN and by the LSBME; and by the facility or practice site at which this policy and the CPA to which this policy refers are applicable, and such enforcement may include sanctions including but not limited to suspension or revocation of the CPA to which this policy refers. The CP and the APRN are responsible for ensuring the establishment and appropriate implementation of this policy, including the qualifications of the designated ACP(s).

5. All persons signing this policy acknowledge and agree any variances in compliance with this policy shall be reported by the APRN, CP, and/or the ACP (or their designee), and sanctions for violation of this policy, potentially including but not limited to suspension or revocation of the CPA, and/or suspension of privileges pursuant to staff bylaws, due process, and other applicable formalities may result from violation of this policy. The undersigned acknowledge the provisions of this policy relating to reporting of variances and enforcement are in addition to any LSBME or LSBN enforcement actions which may apply for violation of LSBN and LSBME rules or regulations.

**THE CP**

 The undersigned CP(s) hereby designate the following ACP(s) to be available for consultation and collaboration with the APRN, subject to this policy and further subject to all applicable rules and regulations pertaining to this designation, including but not limited to compliance with the CPA previously established between the CP(s) and the APRN designated below and the Attestation form previously submitted to the LSBN in connection therewith:

**DESIGNATED ACP**(s ):

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| --- | --- | --- | --- |
| Type/Print Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LA Medical License No.\_\_\_\_\_\_\_\_\_ | Original Signature of ACP-MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Signed\_\_\_\_\_\_\_\_\_\_ |
| Type/Print Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LA Medical License No.\_\_\_\_\_\_\_\_\_ | Original Signature of ACP-MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Signed\_\_\_\_\_\_\_\_\_\_ |
| Type/Print Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LA Medical License No.\_\_\_\_\_\_\_\_\_ | Original Signature of ACP-MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Signed\_\_\_\_\_\_\_\_\_\_ |

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APRN TYPED OR PRINTED NAME SIGNATURE DATE

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APRN ORIGINAL SIGNATURE SIGNATURE DATE

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CP ORIGINAL SIGNATURE SIGNATURE DATE

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ACP:

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ACP TYPED OR PRINTED NAME SIGNATURE DATE

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