

APRN Practice Guidelines / Collaborative Agreement Template

IMPORTANT INFORMATION:

- **Practice Guidelines are public records. The public, including health care providers may request a copy of your practice guidelines from The Board of Nursing or from you. A copy of the APRN's current practice guidelines shall be on file at their place of work and a copy will be provided to clients upon request.**
- **The APRN shall have a separate practice guideline for each place of employment if the sites are not under the same employer.**
- **The APRN shall send the Board of Nursing their national certification when it is renewed.**
- **The APRN shall send the Board of Nursing practice guidelines prior to starting initial employment, upon license renewal and 30 days prior to any change in the APRN's employment or clinical role, population focus or specialty.**
- **The APRN shall send to the Board of Nursing an attestation form when the APRN has completed their transition to practice hours (This form may be found on the Vermont Board of Nursing website www.vtprofessionals.org). All APRNs **will be required** to complete this form when they have fulfilled the transition to practice requirement. It will be kept in the APRNs permanent file at the Board of Nursing office.**

Office of Professional Regulation
Vermont Board of Nursing

APRN Practice Guidelines / Collaborative Agreement Template

THIS IS ONLY A GUIDE – IT IS NOT A FORM TO BE FILLED OUT

APRN Name:

- a) Name
- b) Role: (NP, CNM, CRNA, CNS)
- c) Population Focus: (Adult, Family, Pediatric, Women)
- d) Specialty / Certification: (eg: Primary Care, Psychiatric Mental Health)

Collaborating APRN, MD, or DO: (IF FULFILLING TRANSITION TO PRACTICE HOURS)

- a) Name
- b) Specialty
- c) Vermont License Number
- d) Practice Name
- e) Practice Address
- f) Contact Telephone Number

Clinical Practice:

- a) Practice Name
- b) Physical Practice Address
- c) Practice Telephone Number
- d) Client Population Served
- e) Type of Care Provided

Standards of Clinical Practice:

- a) A brief description and citations of the standards you use to guide and evaluate your practice. These may include standards from your national certifying body, your professional organization, the Vermont Department of Health, and your employing organization
- b) Provide the references used for clinical practice guidelines for the APRN's specialty practice (For books, provide title, author, edition and date of publication; For clinical guidelines available on the web include Title and web address)
- c) Provide criteria for professional consultation and referral, **including emergency referral**

Quality Assurance Plan: A description of a current quality assurance plan specific to the APRN role, population focus and specialty practice area. At a minimum, it must include the following:

- a) Two or more measurable quality goals/outcomes
- b) Quality indicators and benchmarks
- c) Methods of quality monitoring
- d) Frequency of evaluation (at least quarterly)
- e) Peer review involving at least one other APRN or physician in the evaluation of quality assurance findings
- f) Description of document retention procedures and policies; and
- g) Plan for improvement or corrective action if indicated.

Advanced Practice Registered Nurse Signature: _____

Date: _____

IF FULFILLING TRANSITION TO PRACTICE HOURS:

The parties below acknowledge joint review and agreement with the above Practice Guidelines:

Advanced Practice Registered Nurse Signature: _____

Date: _____

Collaborating APRN, MD, or DO Signature: _____

Date: _____