

(clinic or physician letterhead)

(Date)

Nevada State Board of Nursing  
5011 Meadowood Mall Way, Suite 300  
Reno, NV 89502-6547

**Collaborative Agreement Between Physician and Advanced Practitioner of Nursing**

Dear Board:

Please be advised that \_\_\_\_\_, APN, Nevada Certificate # \_\_\_\_\_ will (begin) (add) (change) his/her collaborative relationship with \_\_\_\_\_, (MD) (DO). Effective date for this collaboration will be \_\_\_\_\_, 200\_\_.

Dr. \_\_\_\_\_'s medical specialty is \_\_\_\_\_ and his/her Nevada license number is \_\_\_\_\_.

The signatures below are affirmation that:

- The collaborating physician has expertise with the APN's areas of specialty, which is documented in the APN's protocols.
- The collaborating physician has reviewed and signed the APN's protocols, which are maintained at the practice site.
- The APN's protocols reflect national or customary standards for the APN's medical specialty and comply with all relevant state and federal laws.
- The APN is competent to perform those tasks that reflect his/her educational preparation.
- The APN has a system of quality assurance which is reviewed periodically by the physician.

\_\_\_\_\_  
Collaborating Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advanced Practitioner of Nursing

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practice Location (address, city, state, zip code)