

PROTOCOL FOR PRESCRIPTION OF SCHEDULE II CONTROLLED SUBSTANCE DRUGS

Date:

Re: Protocol for Prescription of Schedule II Controlled Substance Drugs

Dear Board:

Per NRS 632.237 Subsection 2(b)-3(b): "An advanced practice registered nurse may:

(b) If authorized pursuant to [NRS 639.2351](#) and subject to the limitations set forth in subsection 3, prescribe controlled substances, poisons, dangerous drugs and devices.

3. An advanced practice registered nurse who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices pursuant to [NRS 639.2351](#) shall not prescribe a controlled substance listed in schedule II unless:

(a) The advanced practice registered nurse has at least 2 years or 2,000 hours of clinical experience; or

(b) The controlled substance is prescribed pursuant to a protocol approved by a collaborating physician."

Please be advised that APRN, _____, _____, _____,
APRN First Name APRN Last Name Nevada APRN License Number

will begin collaboration on _____ with _____,
Date Physician First Name Physician Last Name

_____ at _____
Physician License Number Facility Name

Facility Street Address Facility City Facility State Facility Zip Code

Dr. _____ is a _____
Physician Name (Family Practice, etc MD/DO/DPM etc...)

and has agreed to be the collaborating physician for prescribing Schedule II Controlled Substance Drugs for the APRN per NRS 639.2351 and the following protocol.

The signatures below affirm that:

- Prior to prescribing Schedule II Controlled Substances, the advanced practice registered nurse (APRN) shall obtain a Controlled Substance Registration Certification through the U.S. Drug Enforcement Agency and be approved by the Nevada State Board of Pharmacy.
- The parties agree that the APRN will have full authority to prescribe any medication in the Class II category.

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- The parties further agree that the APRN will consult with the physician in a manner and on a schedule determined by the parties.
- The parties agree that meaningful consultation will best be conducted face-to-face or via telephone. Consultations may occur spontaneously, as needed, in addition to scheduled interactions.
- Either party may rescind this agreement at any time.
- The Nevada State Board will be notified within twenty-four (24) hours of any changes to this protocol/agreement.
- The APRN will not practice outside the scope of the APRN's role or population of focus issued by the Nevada State Board of Nursing.

APRN Signature

Date

Physician Signature

Date

**Return to the Nevada State Board of Nursing via upload in the message center in your Nevada Nurse Portal Account
or email to nursingboard@nsbn.state.nv.us**