

**GUIDELINES FOR COMPLETING THE COLLABORATIVE AGREEMENT FORM PROVIDED BY THE
WV RN BOARD**

QUESTION 1: List published reference materials used in your prescribing practice, including reference books, textbooks or websites.

Example:

Uphold & Graham 2003, Sanford Guide to Antimicrobial Therapy and Nurse Practitioners Clinical Companion (Springhouse).

QUESTION 2: Brief statement of the responsibilities each person has agreed to perform.

Example:

The APRN will follow the WV Code for Registered Professional Nurses 30-7-1 et seq. law and WV Legislative Rule 19CSR8, and all other Federal and State prescribing laws and rules. The APRN will comply with federal Drug Enforcement Agency requirements and file any and all DEA registration numbers with the Board prior to prescribing Schedule III through V controlled substances, drugs listed under Schedule III category are limited to a 30-day supply without refill. The APRN will not prescribe from the following categories of drugs: Schedules I and II of the Controlled Substances Act; Antineoplastics; Radio-pharmaceuticals; or General Anesthetics. The physician will be available for consultation as needed.

QUESTIONS 3 AND 4: There are no minimum requirements for the number of records reviewed or the frequency of review in WV code or rule. Please enter the number and frequency of review that the APRN and physician have agreed to follow.

NOTE: RESPONSES CANNOT CONTRADICT WV CODE OR RULE.

Example: The agreement indicates the APRN will prescribe or order an antineoplastic. This is not acceptable, as WV 19CSR8 specifically prohibits this.

THE COLLABORATIVE AGREEMENT FORM CAN BE FOUND HERE:

<https://wvrnboard.wv.gov/forms/Documents/Collaborative%20Agreement%204-2-19.pdf>

PLEASE COMPLETE THE FORM IN ITS ENTIRETY. ADDITIONAL PAGES MAY BE ATTACHED BUT ALL QUESTIONS ON THE BOARD FORM MUST BE ANSWERED AS WELL. ANY ADDITIONAL PAGES MUST FOLLOW WV CODE AND RULE.

EACH PARTY MUST SIGN THE AGREEMENT AND EACH SIGNATURE MUST BE WITNESSED BY A NOTARY ON THE DATE SIGNED.

MAIL THE ORIGINAL NOTARIZED FORM TO THE BOARD OFFICE. COPIES ARE NOT ACCEPTABLE.

IMPORTANT:

YOU MUST ALSO GO INTO THE NURSE PORTAL AND FILL OUT A PRESCRIPTIVE AUTHORITY CHANGE APPLICATION IF YOU ARE DOING ANY OF THE FOLLOWING:

- **ADDING A COLLABORATIVE AGREEMENT**
- **DISSOLVING AN ACTIVE COLLABORATIVE AGREEMENT**
- **CHANGE STATUS TO PRESCRIPTIVE AUTHORITY WITHOUT COLLABORATIVE AGREEMENT**

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOUR NURSE PORTAL CHANGE FORM HAS BEEN COMPLETED.

PORTAL ADDRESS: <https://wvrn.boardsfnursing.org/wvrn>