

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

QUESTION 1: Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the APRNs prescriptive practice. List published reference materials used in your prescribing practice, including reference books, textbooks or websites.

Example:

Fenstermacher, K. & Hudson, B. 2024, Practice Guidelines for Family Nurse Practitioners, 6th Edition.(Elsevier).

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 II through V controlled substances. The advanced practice registered nurse may not prescribe a Schedule I controlled substance as provided in §60A-2-204 et seq. The advanced practice registered nurse may prescribe up to a three-day supply of a Schedule II narcotic as provided in §60A-2-206 et seq. There are no other limitations on the prescribing authority of an advanced practice registered nurse, except as provided in §16-54-1 et seq. The physician will be available for questions and will review a select number of charts per the agreement terms.

NOTE: For those APRNs entering into a collaborative agreement with a Podiatrist, the agreement must state that it is limited to the practice of podiatry as defined in WV Code 30-3-4(4).

QUESTIONS 3 AND 4: 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 a Schedule I narcotic. This is not acceptable, as WV 30-7-15 a(a) and 19CSR8 specifically prohibit this.

THE COLLABORATIVE AGREEMENT FORM CAN BE FOUND HERE:

<https://wvrnboard.wv.gov/Documents/Collaborative%20Agreement%2012-8-23.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.

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

- ADDING A COLLABORATIVE AGREEMENT
- DISSOLVING AN ACTIVE COLLABORATIVE AGREEMENT or
- CHANGING 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.boardsofnursing.org/wvrn>