



Arkansas Department of Health

Full Independent Practice Credentialing Committee
4815 W. Markham St., Slot 75 • Little Rock, Arkansas 72205
Governor Sarah Huckabee Sanders
Jennifer Dillaha, MD, Director
Renee Mallory, RN, Secretary of Health

APRN Practice Hours Affidavit

I confirm that _____, APRN, has completed _____ hours of practice (as an APRN) with a physician under a board required agreement with a physician, or in a state, territory, or foreign country that authorizes an APRN to practice with prescriptive authority without such agreement, between the dates of _____ and _____. The APRN is/was employed by _____ as a _____ nurse practitioner/clinical nurse specialist.
Certification/Specialty

Physician Name: _____
Printed Name

Physician Signature: _____
Signature

Date: _____

Notary Acknowledgement

State of _____

County of _____

On this the _____ day of _____, 20____, before me, _____, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposed therein contained.

Signature of Notary Public

[Seal of Office]

My commission expires: _____