

Collaborative Practice Agreement

This agreement is for the management of the collaborative practice between:

Shannon McKinney, APRN, and Collab Physician, MD/DO.

The physician hereby agrees to be available to the Advanced Practice Registered Nurse (APRN), either in person or via electronic or telephonic communication, for consultation and referral. Mutually agreed upon protocols for Prescriptive Authority will be utilized by the APRN as a guide for general categories of health states. The APRN shall limit prescribing to the area of educational preparation and certification as noted below.

The above named APRN is authorized to prescribe drugs from each of the categories of controlled substances below which are initialed by the collaborating physician and APRN.

- a. Drugs listed in Schedule III-V of the Controlled Substance Act (CSA), 17-87-310 (b)(2)(A)
- b. Hydrocodone combination products from Schedule II of the CSA, 17-87-310 (b)(2)(A)
- c. Schedule II opioids and /or stimulants, 17-87-310 (b)(2)(B)
- d. **Not** requesting ability to prescribe controlled substances

Should an emergency arise, necessitating the absence of the APRN or the collaborating physician from

patient care responsibilities, provision for comparable coverage shall be arranged at the first possible opportunity.

Until that time, Emergency Hospital (i.e. UAMS) with which the collaborating providers are associated, provides emergency services 24-hours daily for the clients of name of your clinic/practice.

There is a written provision for quality assurance (attach the Quality Assurance Plan).

This agreement of professional collaboration is by no means intended as a business contract but rather as a document that fulfills the requirements for Prescriptive Authority as set forth in the Arkansas Nurse Practice Act. The signatures below signify agreement to the terms of the collaborative practice.

Shannon McKinney, APRN

Print Name Shannon McKinney

APRN AR License # A004386

Certification/Specialty Women's Health

* Additional Certification Not Applicable

Practice Site name of your clinic/practice

Practice Address (Street, City, County, Zip):

1 street

City, AR 72204

Date Signed 4/17/2024

Practice Phone # 501-686-2725

Collab Physician, MD/DO

Print Name Collab Physician, MD

MD/DO AR License # A-1111

Certification/Specialty OB/GYN

Practice Site Same as APRN

Practice Address (Street, City, County, Zip):

Date Signed 4/17/2024

* if you have additional certifications, list on your CPA and QA plan.