

A  
**Model Form**  
for the Development of a  
Prescribing Agreement



MINNESOTA  
MEDICAL  
ASSOCIATION

## **An Overview of the Purpose and Extent of a Written Prescribing Agreement**

Minnesota Statute, Chapter 172, Section 5, Subdivisions 1-6 (1999) specifies that an advanced practice registered nurse (APRN) must have a written prescribing agreement with a collaborating physician if the APRN wishes to prescribe medications or therapeutic devices to patients. Nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists are required, for the purposes of being delegated prescribing authority, to have a written agreement with a collaborating physician. Certified nurse midwives are not required to have a written prescribing agreement with a physician.

The law defines and permits the delegation of responsibilities by a collaborating physician for the purpose of prescribing drugs and therapeutic devices, but does not provide for the total delegation of physician responsibility. The physician has the responsibility to direct the prescribing function and the APRN has responsibility to act within his/her scope of practice and within the limits of the prescribing agreement.

The authority to prescribe extends only to those types of patients and to those drugs and therapeutic devices specified in the written prescribing agreement. The form attached is only one model that might be used to delineate a written prescribing agreement. It should be noted that prescribing agreements can be drafted in any format, but must contain the minimum amount of information as determined by the standards described in the Minnesota Nurses Association (MNA)/Minnesota Medical Association (MMA) Memorandum of Understanding (MOU). The minimum standards are indicated in the following model form by an asterisk (\*).

A separate prescribing agreement must be completed, signed and maintained at the APRN's and the physician's primary practice site, and reviewed and dated at least annually. A prescribing agreement does not need to be filed with the Minnesota Board of Nursing or the Minnesota Board of Medical Practice.

A collaborating physician and an APRN are strongly encouraged to be as specific as possible when developing a written prescribing agreement. Prior to signing an agreement, it is suggested that an APRN and a collaborating physician contact the Minnesota Nurses Association and the Minnesota Medical Association for a copy of the MOU and additional information about prescribing agreements that has been prepared by each organization.

# Advanced Practice Registered Nurse/Collaborating Physician Prescribing Agreement

Information required by the Memorandum of Understanding is indicated in the following model by an asterisk (\*).

## Section I: Professional Credentials Information

Advanced Practice Registered Nurse (APRN)

\* Name \_\_\_\_\_

\_\_\_\_\_  
Educational Degree(s)

\* Certification(s) \_\_\_\_\_

\_\_\_\_\_  
Certifying Body

\* Advanced Practice Nursing Specialty \_\_\_\_\_

\_\_\_\_\_  
Number of Years of Experience as an APRN

Collaborating Physician

\* Name \_\_\_\_\_

\_\_\_\_\_  
Educational Degree(s)

\* Medical Specialty(s) \_\_\_\_\_

\_\_\_\_\_  
Number of Years of Experience

## Section II: Description of the Patient Population to which the Prescribing Agreement Extends

In this section, it is suggested that the type of patients to whom the APRN can prescribe be delineated; e.g., pediatric patients, family practice, surgical, etc.

\* Patient population covered by the prescribing agreement is as follows: (Specify below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section III: Specification of Delegated Prescribing Authority

In this section, describe the prescribing authority that is being delegated to the APRN by the collaborating physician. Please note, specific prescribing must fall within the APRN's scope of practice.

Will the APRN be applying for a DEA Number?  yes  no

**Section III: Specification of Delegated Prescribing Authority (continued)**

\* Controlled Substances That May Be Prescribed:

Schedule I:       May Not Prescribe       May Prescribe with the Following Restrictions:

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Schedule II:       May Not Prescribe       May Prescribe with the Following Restrictions:

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Schedule III:       May Not Prescribe       May Prescribe with the Following Restrictions:

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Schedule IV:       May Not Prescribe       May Prescribe with the Following Restrictions:

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Schedule V:       May Not Prescribe       May Prescribe with the Following Restrictions:

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\* Legend Drugs That May Be Prescribed: (Specify below)

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\* Therapeutic Devices That May Be Prescribed: (Specify below)

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\* Any Other Restrictions to Prescribing: (Specify below)

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**Section IV: Physician Availability for Consultations and Referrals RE: Prescribing**

In this section, designate the plan for physician consultation and referral, and the extent and method of periodic physician review.

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**Section V: Cause(s) for the Termination of the Prescribing Agreement**

In this section, define the circumstances that would terminate the prescribing agreement.

- Prescribing in violation of this agreement.
- Failure of the APRN or collaborating physician to maintain current licensure.
- A change in APRN practice status.
- A change in collaborating physician practice status.
- Other (Please specify) \_\_\_\_\_

**\* Section VI: Prescribing Agreement Signatures and Renewal Dates**

This agreement shall be reviewed and signed at least annually and when the situation warrants more frequent reevaluation.

By our signatures we agree to follow the parameters specified in this prescribing agreement.

Advanced Practice Registered Nurse

\* Name \_\_\_\_\_

\* Primary Practice Site Address \_\_\_\_\_

\* Phone Number \_\_\_\_\_

\* Signature \_\_\_\_\_

\* Date \_\_\_\_\_

Collaborating Physician

\* Name \_\_\_\_\_

\* Primary Practice Site Address \_\_\_\_\_

\* Phone Number(s) \_\_\_\_\_

\* Signature \_\_\_\_\_

\* Date \_\_\_\_\_

Date of Next Scheduled Review \_\_\_\_\_

This agreement must be maintained at the practice site of the APRN and the collaborating physician, and must be reviewed and dated at least annually.

Please note, a copy of the MNA/MMA *Memorandum of Understanding* and organizational materials related to prescribing agreements can be obtained at the addresses designated below.

**Minnesota Nurses Association**

1295 Bandana Boulevard North, Suite 140  
St. Paul, MN 55108-5115  
612-646-4807 or 1-800-536-4662

**Minnesota Medical Association**

1300 Godward Street NE, Suite 2500  
Minneapolis, MN 55413  
612-378-1875 or 1-800-DIAL-MMA  
[www.mnmed.org](http://www.mnmed.org)