Regular Mailing Address	Courier Delivery Address
STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 833-367-2762	STATE BOARD OF MEDICINE 2 Technology Park HARRISBURG, PA 17110

INITIAL COLLABORATIVE AGREEMENT FOR NURSE-MIDWIFE LICENSE

IMPORTANT APPLICATION INFORMATION

1.	This application is only used for entering into the first nurse-midwife collaborative agreement. A separate collaborative agreement must be submitted for each physician, physician group or service with which you will be entering into an agreement. A new application is required for each additional collaborative agreement. To register additional collaborative agreements, complete the application titled, **Additional Collaborative Agreement for Nurse-Midwife License**. If making changes to an existing collaborative agreement, complete and submit the **Collaborative Agreement Change Form**.
2.	This application may be used to enter into a collaborative agreement with an allopathic or osteopathic physician licensed by the State Boards of Medicine or Osteopathic Medicine. The physician must have hospital privileges (or a formal arrangement for patient admission to a hospital) and shall practice in the specialty area of the care for which the physician is providing collaborative services. **This collaborative agreement will NOT include prescriptive authority privileges**.
3.	**A copy of the collaborative agreement must be submitted with this application.**
4.	Pennsylvania law requires you to maintain a copy of this application as well as your collaborative agreement.

YOU MAY NOT PRACTICE UNDER THIS COLLABORATIVE AGREEMENT UNTIL THE REGISTRATION IS COMPLETE AND FILED WITH THE BOARD.

PLEASE PRINT OR TYPE

NURSE-MIDWIFE NAME:	Last	First	Middle
NURSE-MIDWIFE LICENSE NO:			
COLLABORATING PHYSICIAN NAME:	Last	First	Middle
PHYSICIAN LICENSE NO:			

This agreement contains the details of the collaborative arrangement between myself and the below-signed collaborating physician with respect to the care of midwifery patients.

NURSE-MIDWIFE SIGNATURE:		Date

This agreement contains the details of the collaborative arrangement between myself and the above-signed nurse-midwife with respect to the care of midwifery patients.

COLLABORATING PHYSICIAN SIGNATURE:		Date