

User Guide for Certified Registered Nurse Practitioner (CRNP) Prescriptive Authority Collaborative Agreement Application

These instructions will provide the applicant with the steps on how to submit a request for a CRNP Prescriptive Authority Collaborative Agreement approval. To complete the application, both the CRNP and the primary collaborating physician will need to log into their online licensing account to complete specific portions of the application.

- CRNP will log into their PALS account by going to www.pals.pa.gov and clicking on “Login to your account” on the left-hand side of the screen.

← → ↻ pals.pa.gov/#/page/default ☆ 🔍 🌐 🏠

DEPARTMENT OF STATE HOME SUPPORT APPLICATION CHECKLIST

[COVID-19 Regulatory suspensions, updates, and guidance for professionals](#)

Participate in the 2020 U.S. Census to shape your future in PA.

YOUR ACCOUNT

- Register for a new account
- Login to your account
- Application Checklist
- PALS Help

YOUR LICENSES

- Verification/Certification of License
- Mandatory Reporting by Licensees
- File an MCare Report

VERIFY A LICENSE

Welcome to the Pennsylvania Licensing System (PALS)

PALS can help you apply for, renew, and check your professional license.

How do I get started?

A good starting point is to use our [application checklist](#) to see all of the requirements and needed documents to apply for your license.

If this is your first time using PALS, [create an account](#) or if you are a returning user, [log in to your account](#). Once you are logged in, your dashboard will provide you with clear next steps.

License Renewals

Renewal applications are typically opened 30-60 days prior to expiration dates. Please make sure you allow enough time for processing.

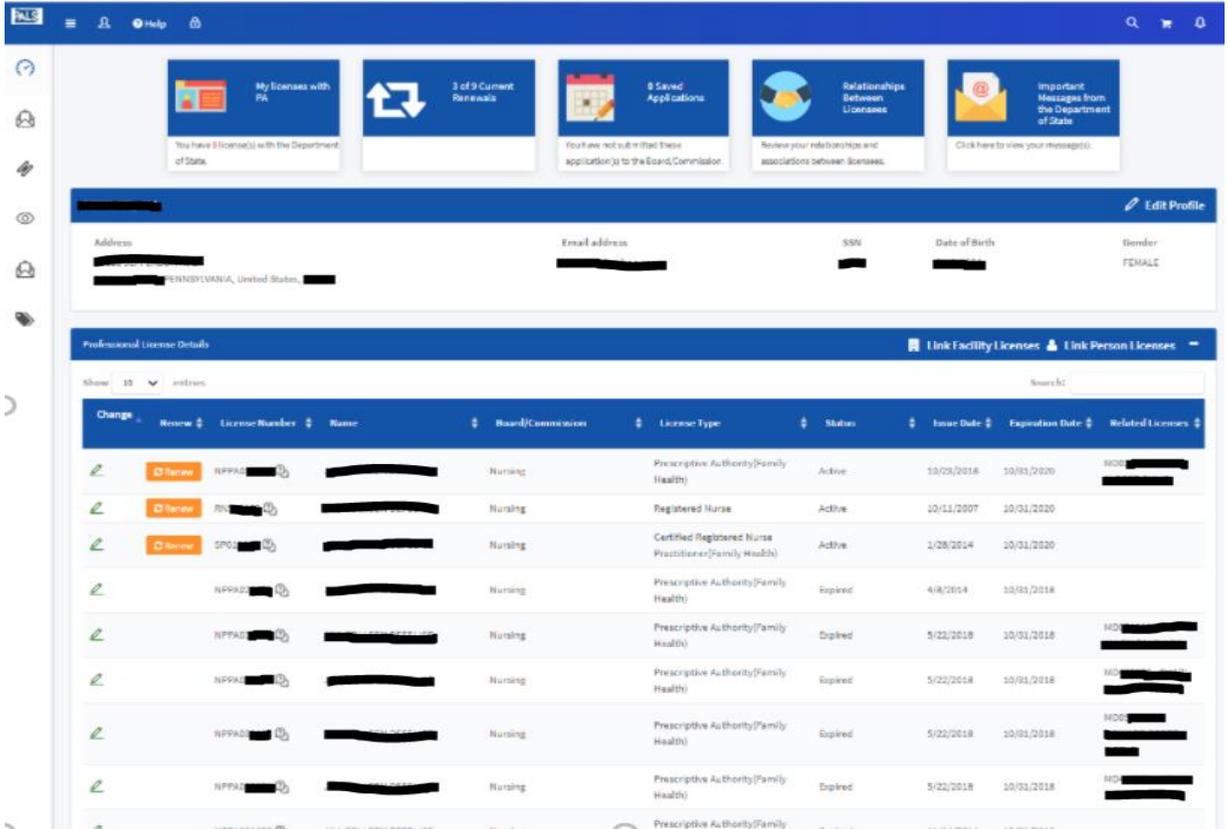
Click below to see the different licenses.

- State Board of Barber Examiners
- State Board of Chiropractic
- State Board of Crane Operators
- State Board of Nursing

- The CRNP will need to log in using their credentials.

The screenshot shows the login page for the Pennsylvania Department of State. The browser address bar displays 'pals.pa.gov/#/page/login'. The page header includes the text 'DEPARTMENT OF STATE' and navigation links for 'HOME', 'SUPPORT', and 'APPLICATION CHECKLIST'. The main content area is divided into two sections. The left section, titled 'Sign In for Existing Applicants & Licensees', contains a 'User ID' input field, a 'Password' input field, and a blue 'LOGIN' button. A red rectangle highlights the 'LOGIN' button. Below the password field is a link for 'Need Assistance? Click here'. The right section contains a list of links for account management: 'Don't have an account? Register Now', 'Forgot your User ID? Click here', 'Forgot your password? Reset here', 'Update your Email Address Click here', and 'Forgot your Registration code? Click here'. The footer contains links for 'PRIVACY POLICY', 'SECURITY POLICY', 'AGENCIES', 'CONTACT US', and a copyright notice for 2020 Commonwealth of Pennsylvania.

- Once logged in, the CRNP dashboard will be shown. Scroll to the **Professional License Details** section.



- Click the Pencil Icon beside the Active CRNP number with which the collaborative agreement will be associated.



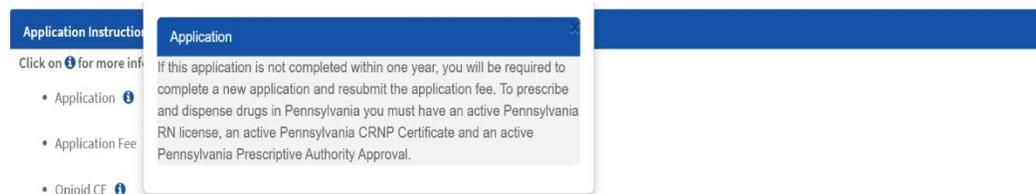
- The Change Options (License) menu will appear. Click on the option for Prescriptive Authority.



- Once Prescriptive Authority is clicked, the application for CRNP Prescriptive Authority will appear.
 - CRNP Prescriptive Authority Application board information section will appear at the top of the page:



- A checklist is available in the Application Instructions section detailing the necessary items for this application.



- The Applicant Information and Certified Registered Nurse Practitioner Information sections will be prepopulated.

APPLICANT INFORMATION

Please complete all required fields. [Click here for Name Rules](#) to complete a request for change of name. You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also the new name.

Click here to refresh personal information.

Last Name: [REDACTED] First Name: [REDACTED] Middle Name: [REDACTED] Suffix: [REDACTED]

Date of Birth (MM/DD/YYYY): [REDACTED] Social Security Number: [REDACTED]

Street Address: [REDACTED]
Address Line 2: [REDACTED]

City: [REDACTED] State: Pennsylvania Zip Code: [REDACTED]

County: [REDACTED] Country: United States

Phone Number: [REDACTED] Email: [REDACTED]

Hidden/Other Name: [REDACTED]

CERTIFIED REGISTERED NURSE PRACTITIONER INFORMATION

Name of Certified Registered Nurse Practitioner: [REDACTED]

Pennsylvania CRNP Certificate Number: [REDACTED]

CRNP specialty for this Collaborative Agreement for Prescriptive Authority: [REDACTED]

NOTE: If CRNP has multiple specialties ensure the specialty associated with this agreement is displayed.

- Collaborating and Substitute Physician sections are mandatory fields. Physicians must hold current Pennsylvania physician licenses. Enter the two-letter prefix as well as any suffix. Press [Tab] key to populate the information.
 - Collaborating Physician –only one Collaborating Physician can be listed per agreement.
 - Substitute Physician(s) – multiple substitute physicians can be listed per agreement. Click the (+) sign at the lower right of the substitute physician section to enter additional physicians.

➤ **Controlled substances**

Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)

Schedule II (Maximum 30 Day Supply)

Yes No

Schedule III (Maximum 90 Day Supply)

Yes No

Schedule IV (Maximum 90 Day Supply)

Yes No

➤ **Categories of drugs from which the CRNP may prescribe or dispense**

➤ **Effective date**

Drug Categories: Individually check each category of drugs from which the CRNP may prescribe and dispense.

- | | |
|---|---|
| <input type="checkbox"/> (a) Antihistamines | <input type="checkbox"/> (b) Anti-infective agents |
| <input type="checkbox"/> (c) Antineoplastic agents | <input type="checkbox"/> (d) Unclassified therapeutic agents |
| <input type="checkbox"/> (e) Devices and pharmaceutical aids | <input type="checkbox"/> (f) Autonomic drugs |
| <input type="checkbox"/> (g) Blood formation drugs | <input type="checkbox"/> (h) Coagulation and anticoagulation drugs |
| <input type="checkbox"/> (i) Thrombolytic and antithrombolytic agents | <input type="checkbox"/> (j) Cardiovascular drugs |
| <input type="checkbox"/> (k) Central nervous system agents | <input type="checkbox"/> (l) Contraceptives including foams and devices |
| <input type="checkbox"/> (m) Diagnostic agents | <input type="checkbox"/> (n) Disinfectants for agents used on objects other than skin |
| <input type="checkbox"/> (o) Electrolytic, caloric and water balance | <input type="checkbox"/> (p) Enzymes |
| <input type="checkbox"/> (q) Antitussive, expectorants and mucolytic agents | <input type="checkbox"/> (r) Gastrointestinal drugs |
| <input type="checkbox"/> (s) Local anesthetics | <input type="checkbox"/> (t) Eye, ear, nose and throat preparations |
| <input type="checkbox"/> (u) Serums, toxoids and vaccines | <input type="checkbox"/> (v) Skin and mucous membrane agents |
| <input type="checkbox"/> (w) Smooth muscle relaxants | <input type="checkbox"/> (x) Vitamins |
| <input type="checkbox"/> (y) Hormones and synthetic substitutes | |

The date you are requesting that this agreement become effective:



- Once all information has been entered, the CRNP will proceed to the verification section. After reading each section, they must agree to the information by clicking on each box next to the confirmation statement. They must then type their name on the signature line to electronically sign the application.

○ Verification Statement Section:

VERIFICATION STATEMENT:

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards/Commissions to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards and commissions must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. Additionally, if applicable, Social Security Numbers are required in order for the Board/Commission to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS ABOVE.

Signature Date

○ CRNP Signature section for the agreement section:

CERTIFIED REGISTERED NURSE PRACTITIONER SIGNATURE:

This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:

Signature Date

○ Checklist Document Upload section: This section is not mandatory if the CRNP has already provided the information.

Checklist Documents

Please upload the required documents for the checklist below.

Item	
Opioid CE Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information. *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/fdors/legis/l1/Acts/Check . The Board's Regulations are available on the Board's website.	<input type="text"/>

○ Save and Send to Physician buttons:

- Save – allows the applicant to save information and send it to the collaborating physician at a later time.

- Send to Physician – applicant must click this button to send the application to the collaborating physician for review.



- Application will be listed as 'Pending Review' under the My Activities section of the CRNP Dashboard:

Click to view application checklist and upload documents to the Board/Commission.

Show: All activities

Reference Number	Board/Commission	License Type	License Number	Description	Status	Expires	Action
[REDACTED]	Nursing	Certified Registered Nurse Practitioner	[REDACTED]	RENEWAL APPLICATION	Completed	[REDACTED]	[REDACTED]
[REDACTED]	Nursing	Registered Nurse	[REDACTED]	RENEWAL APPLICATION	Completed	[REDACTED]	[REDACTED]
[REDACTED]	Medicine	Nurse-Midwife Prescriptive Authority	[REDACTED]	RENEWAL APPLICATION	Completed	[REDACTED]	[REDACTED]
[REDACTED]	Medicine	Nurse-Midwife	[REDACTED]	RENEWAL APPLICATION	Completed	[REDACTED]	[REDACTED]
[REDACTED]	Nursing	Certified Registered Nurse Practitioner	[REDACTED]	RENEWAL APPLICATION	Completed	[REDACTED]	[REDACTED]
[REDACTED]	Nursing	Registered Nurse	[REDACTED]	RENEWAL APPLICATION	Completed	[REDACTED]	[REDACTED]
[REDACTED]	Medicine	Nurse-Midwife Prescriptive Authority	[REDACTED]	RENEWAL APPLICATION	Completed	[REDACTED]	[REDACTED]
[REDACTED]	Medicine	Nurse-Midwife	[REDACTED]	RENEWAL APPLICATION	Completed	[REDACTED]	[REDACTED]
[REDACTED]	Nursing	Prescriptive Authority	[REDACTED]	CRNP PRESCRIPTIVE AUTHORITY APPLICATION	Pending Review	[REDACTED]	[REDACTED]

Showing 1 to 10 of 11 entries

- Once the CRNP sends the agreement to the collaborating physician, an email will be sent to the collaborating physician.
- Collaborating Physician Email Notification:
 - The Collaborating Physician will receive an email with the information of the Prescriptive Authority Application from the CRNP.

RS RA-STPALSNOTIFY@pa.gov
To [REDACTED]

An application for the below applicant was submitted for your review/approval.

Applicant : [REDACTED]
Profession : Nursing
License Type : Prescriptive Authority

To review/approve the application, log in to your PALS account and in your dashboard locate the My Queue section.

Sincerely,
State Board of Nursing
Bureau of Professional and Occupational Affairs

This email is generated from a unmonitored account, please login into your account to get an updated status.

- Collaborating Physician will log in to their PALS account to access the application under their My Queue section:
 - The Collaborating Physician will not be able to edit the information.
 - The red icon allows the collaborating physician to view the information.
 - The blue button allows the collaborating physician to reject or approve the agreement.



APPLICANT INFORMATION
Please complete all required fields. [Contact the Board of PA's](#) to complete a request for change of name. You must submit a copy of a legal document verifying the name as it currently listed in the Board's records and also the new name.

Last Name: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Suffix: [Redacted]

CERTIFIED REGISTERED NURSE PRACTITIONER INFORMATION
Name of Certified Registered Nurse Practitioner: [Redacted]
Pennsylvania CRNP Certificate Number: [Redacted]
CRNP specialty for the Collaborative Agreement for Prescriptive Authority: [Redacted] *Nurse Practitioner*

PLEASE ENTER YOUR LICENSES (ADMINISTRATIVE PROFESSIONAL)
Please click here to search for a license.

LICENSE NUMBER	NAME	EXPIRES ON/DATE	STATUS	EXPIRES DATE
[Redacted]	[Redacted]	12/31/2022	[Redacted]	[Redacted]

PLEASE ENTER YOUR LICENSES (PHYSICIAN)
Please click here to search for a license.

LICENSE NUMBER	NAME	EXPIRES DATE	STATUS
[Redacted]	[Redacted]	12/31/2022	[Redacted]
[Redacted]	[Redacted]	12/31/2022	[Redacted]

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Professional Liability: Check one
 I maintain the required professional liability insurance.
 I am exempt from having the required professional liability insurance.

Indicate the circumstances, and how often the collaborating physician will personally see the patient. (Must check at least one.)

CRNP Request
 Every other visit
 Patient condition outside CRNP scope of practice
 Patient or Family request
 Other

Daily
 Once per year
 Patient not responding to treatment
 Twice per year

Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)
 Schedule II (Maximum 30 Day Supply)
 Yes No
 Schedule III (Maximum 90 Day Supply)
 Yes No
 Schedule IV (Maximum 90 Day Supply)
 Yes No

Drug Categories: Individually check each category of drugs from which the CRNP may prescribe and dispense.

(a) Antihistamines
 (c) Antineoplastic agents
 (e) Devices and pharmaceutical aids
 (g) Blood formation drugs
 (i) Thrombolytic and antithrombotic agents
 (k) Central nervous system agents
 (m) Diagnostic agents
 (o) Electrolytic, caloric and water balance
 (q) Antitussive, expectorants and mucolytic agents
 (s) Local anesthetics
 (u) Serums, tetrads and vaccines
 (v) Smooth muscle relaxants
 (y) Hormones and synthetic substitutes

(b) Anti-infective agents
 (d) Unclassified therapeutic agents
 (f) Autonomic drugs
 (h) Coagulation and anticoagulation drugs
 (j) Cardiovascular drugs
 (l) Contraceptives including foams and devices
 (n) Disinfectants for agents used on objects other than skin
 (p) Enzymes
 (r) Gastrointestinal drugs
 (t) Eye, ear, nose and throat preparations
 (x) Skin and mucous membrane agents
 (z) Vitamins

The date you are requesting that this agreement become effective:

o Collaborating Physician must then type their name on the signature line to electronically sign the application.

VERIFICATION STATEMENT:
 NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Board/Commission to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards and commissions must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. Additionally, if applicable, Social Security Numbers are required in order for the Board/Commission to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS ABOVE.

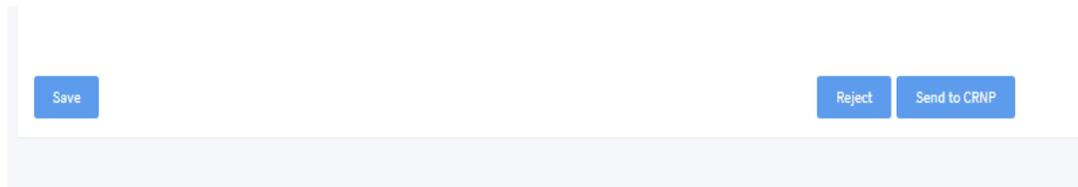
Signature: [Redacted] Date: 8/18/2021

CERTIFIED REGISTERED NURSE PRACTITIONER SIGNATURE:
 This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:

Signature: [Redacted] Date: 8/18/2021

COLLABORATING PHYSICIAN SIGNATURE:
 Signature: Please type your name. Date: 8/18/2021

- Collaborating Physician will either reject or approve the application.
 - Save – allows the collaborating physician to save information and reject or send to the CRNP at a later time.
 - Reject button sends the application back to the CRNP to make changes.
 - Send to CRNP button approves the application

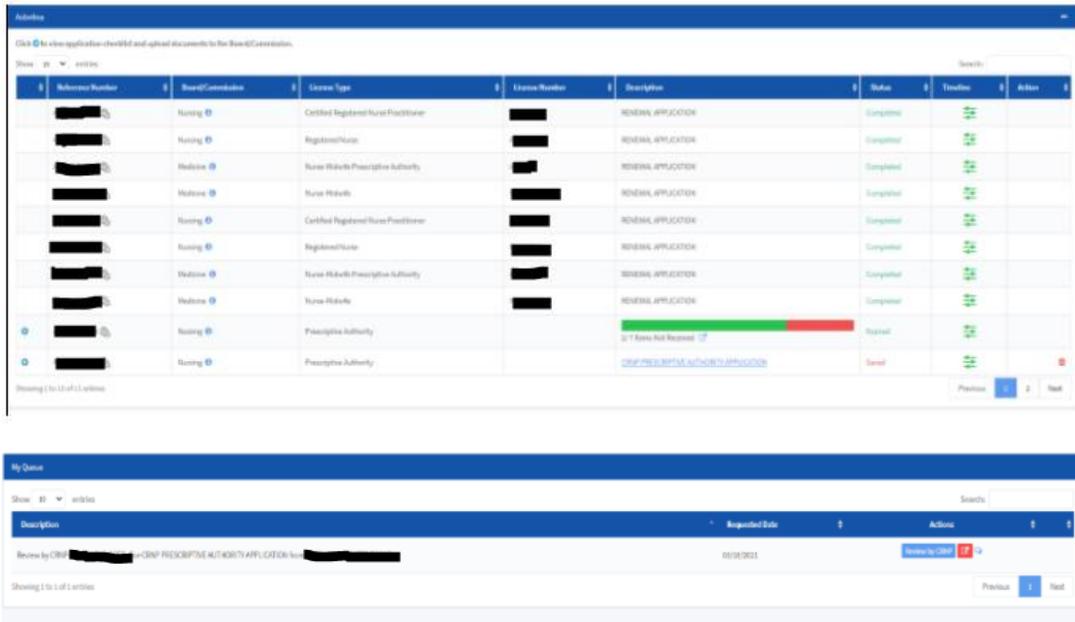


- Once Collaborating Physician approves the application, the application will be sent back to CRNP to complete the process for submission. The CRNP will receive an email notification.

○ CRNP Email Notification for Approval:



- CRNP will log in to their PALS Account to access the application under 'My Activities' or 'My Queue' section:



- CRNP will complete the application by answering the Legal Questions:
 - Legal Questions – answering 'yes' to any of the legal question will prompt a mandatory upload of a document.
- CRNP will submit the application by clicking the 'Submit' button.

Save

Submit

- CRNP will be directed to review the application. Changes can only be made to the legal questions.
- Add to Cart button will also be available for payment.

Review Your Application Add to Cart

You cannot make any changes to your application once it is submitted to the Board/Commission.

CRNP PRESCRIPTIVE AUTHORITY APPLICATION

Application Instructions

Click on **i** for more information. To email or print the application checklist instruction [click here](#).

- Application **i**
- Application Fee **i**
- Opioid CE **i**

APPLICANT INFORMATION:

Please complete all required fields. [Contact the Board Office](#) to complete a request for change of name. You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also the new name.

Last Name: OSER | First Name: MAREN | Middle Name: RAE | Suffix:

PLEASE ANSWER THE FOLLOWING LEGAL QUESTIONS:

If you answer "YES" to any question below, you must upload complete details including a written explanation and copies of any relevant Board and/or legal documents. Please click **UPLOAD** after the file is selected to upload.

Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?

Yes No

Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?

Yes No

Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?

Yes No

- CRNP will be directed to their cart to review the fees.
 - \$95 for a first time Prescriptive Authority application.
 - \$45 for any subsequent Prescriptive Authority applications.

Check Out: You may continue adding additional items to your cart. [click here](#) to go to the dashboard.

Total: \$45.00

Click box to the left of each item you wish to pay for at this time and proceed to payment.

Qty	Item	Quantity	License Number	Fee	Price
<input checked="" type="checkbox"/>	CRNP PRESCRIPTIVE AUTHORITY APPLICATION	1		45	\$45.00

Your available Credit: \$ 0

All items are non-refundable. Please check to continue with your transaction.

Empty Cart Proceed to Payment

Once your transaction is complete you will receive a confirmation message and reference number. This may take a few moments. Please do not close your browser or navigate away from this page until the confirmation is received OR YOUR TRANSACTION MAY NOT BE COMPLETED.

- CRNP will need to click the check box next to the left of the prescriptive authority application and then acknowledge that all fees are non-refundable by clicking the box under the application in the cart.
- They will then click on the 'Proceed to Payment' button to be directed to the payment page to enter payment

information.

Pay With Your Credit Card

Cardholder Name

Credit Card Number



Expiry Date (MMYY)

Security Code

 Present

CVV2 is the Visa term for the 3-digit security code on the back of the credit card (Visa and MasterCard). For American Express, it is 4-digits and located on the front.



Address

City

State/Province

ZIP/Postal Code

Country

Email

A confirmation email will be sent to this address.

Your private information is secured using SSL (Secure Sockets Layer), the leading security protocol on the Internet. Information is encrypted and exchanged with an https server.

We respect your privacy. We will pass your name, address or e-mail address on only to the merchant.

- After successful payment, CRNP will be directed to the payment confirmation page, where they can download a pdf copy of the application.

Confirmation

Thank you for your payment.

Your payment has been processed - please print this page for your records.
Your application is not complete until the Board receives the completed checklist items below. Click Download to print the required documents for licensure. It is your responsibility to maintain a copy of this application and all documents submitted to the board or received from the board.

[Customer Satisfaction Survey.](#)

Payment Summary

Receipt Number: PAID0002376716 Payment Date: 06/18/2021

Application No #AA0003124695 (Nursing/Prescriptive Authority/ Application) | 06/18/2021

Checklist Name	Status	Download
Application	Pending Review	
Application Fee	Completed	
Opioid CE	Not Received	

To email or print the application checklist instruction [click here.](#)

Send payment receipt to an additional email address

SEND **Next Steps** **Go to Dashboard**

**Nursing - Prescriptive Authority-
Application
Initial
AA0003124695**



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name				First Name			
Middle Name				Suffix			
Full Name							
SSN		Date Of Birth		Age	30	Gender	FEMALE
ADDRESS DETAILS							
Street Address							
City/State/Zip							
County	Montgomery				Country	United States	
CONTACT DETAILS							
Phone number	5052645530			Mobile Phone number			
Primary Email Address	t.test1992@yahoo.com			Secondary Email Address			
CHECKLIST ITEMS							
Checklist name	Status	Submitted Date	Expiration Date				
Application	Pending Review	06/18/2021					
Application Fee	Completed	06/18/2021					
Opioid CE	Not Received	06/18/2021					

- The Application will be submitted to the Board for review. After approval, a printable CRNP Prescriptive Authority Collaborative Agreement will be generated.

CRNP- Prescriptive Authority- Collaborating Agreement NPPA016626		
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS P. O. Box 2648 Harrisburg, PA 17105-2649 COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY		
Name of Certified Registered Nurse Practitioner:		██████████
Pennsylvania CRNP Number:		██████████
CRNP Specialty :		Family Health
Professional Liability		
I maintain the required professional liability insurance.		
COLLABORATING PHYSICIAN DETAILS		
Type	Physician license No.	Full Name
Collaborating Physician	OS ██████████	████████████████████
SUBSTITUTE PHYSICIAN DETAILS		
Type	Physician license No.	Full Name
Substitute Physician	MD ██████████	████████████████████
Substitute Physician	MD ██████████	████████████████████
CIRCUMSTANCES AND HOW OFTEN THE COLLABORATING PHYSICIAN WILL PERSONALLY SEE THE PATIENT		
CRNP Request		
CONTROLLED SUBSTANCE PRESCRIBING AUTHORITY		
Schedule Type	Days Supply	
Drug Schedule 2	30 day supply	
Drug Schedule 3	0 day supply	
Drug Schedule 4	0 day supply	
DRUG CATEGORIES FROM WHICH THE CRNP MAY PRESCRIBE OR DISPENSE		
Antihistamines		

Effective Date :	03/11/2021
	_____ (mm/dd/yyyy)
This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:	
██████████ (NPPA ██████████)	03/11/2021
_____ Signature of CRNP	_____ Date Signed (mm/dd/yyyy)
██████████ (OS ██████████)	03/11/2021
_____ Signature of Collaborating Physician	_____ Date Signed (mm/dd/yyyy)