

## Prescriptive Authority Agreement

### Physician Information

Name:	
License Number:	
Address of Primary Practice Site:	
Address of Other Practice Site:	
Address of Other Practice Site:	

### Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) Information

Name:			
License Number:			
Type of Practitioner: (select one)	<input type="checkbox"/> Advanced practice registered nurse <input type="checkbox"/> Physician assistant		
*DEA Permit #:		DEA Exp. Date:	
*DPS Permit #:		DPS Exp. Date:	
	Name of Practice Site	Address	Type of Practice
Site #1			
Site #2			
Site #3			

\* Provide a Drug Enforcement Administration (DEA) Permit  
 Number if delegating the prescribing or ordering of CIII-CV controlled substances

### Purpose

This document authorizes the APRN or PA to perform medical acts in accordance with the Nurse Practice Act, §301.152, Texas Occupations Code and the Medical Practice Act, §157, Texas Occupations Code. This document delegates certain medical acts, as required by Texas law, and sets forth guidelines for collaboration between the delegating physician and the APRN or PA.

Except if specifically stated in this document, this agreement is not intended to limit the health care services the APRN or PA provides under his/her scope of practice, based on the advanced practice role and specialty authorized by the Texas Board of Nursing (BON) or the Texas Physician Assistant Board (TPAB). Examples of services that are in the APRN's or PA's scope of practice include, but are not limited to, performing physical examinations and medical histories, ordering laboratory and radiologic exams, providing health promotion and safety instructions, managing acute episodic illness and chronic diseases, and referrals to other health care providers as needed.

### Development, Revision, Review and Approval

The agreement is developed collaboratively by the delegating physician and APRN or PA. It will be reviewed at least annually, dated, and signed by the physician and APRN or PA.

### **Delegation of Prescriptive Authority & Other Medical Acts**

The APRN or PA may establish medical diagnoses for patients that are within his/her scope of practice, and prescribe or order drugs and medical devices as authorized below in accordance with the Texas Board of Nursing or Texas Physician Assistant Board and the Texas Medical Board (TMB).

The physician and APRN or PA will maintain a record of the agreement. A log of the dates in which an alternate physician assumes delegation duties in the absence of the delegating physician will also be maintained with this protocol at the APRN's or PA's practice site. The APRN or PA may write orders for nonprescription drugs, dangerous drugs, and CIII-CV controlled substances. Orders for controlled substances may not to exceed 30 days with 2 refills.

- I. Nonprescription drugs (i.e., over-the-counter medications) – select one
    - None
    - All categories of nonprescription drugs
    - All categories of nonprescription drugs with the exclusion of any drug or categories of drugs listed below:
  
  - II. Dangerous drugs (i.e., prescription drugs excluding controlled substances) – select one
    - None
    - All categories of dangerous drugs
    - All categories of dangerous drugs with the exclusion of any drug or categories of drugs listed below:
  
  - III. Schedule CIII-CV controlled substances – select one
    - None
    - All schedule CIII-CV controlled substances limited to 30 days with 2 refills. May not be reordered without prior consultation with the physician
    - All schedule CIII-CV controlled substances with the exclusion of any drug or categories of drugs listed below. May not be reordered without prior consultation with the physician.
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### **Supervision & Documentation of Supervision**

The APRN or PA is authorized to diagnose and prescribe under the agreement without the direct (on-site) supervision or approval of the delegating physician. Consultation with the delegating physician is available at all times either on-site, by telephone, or by other electronic means of communication when needed. Whenever the delegating physician is unavailable because of out of town travel or incapacity, an alternate physician must sign a log that specifies the dates during which the alternate physician assumed consultation and supervision responsibilities for the delegating physician (see Attachment B).

### **Consultation**

The APRN or PA will seek physician consultation when needed. Whenever a physician is consulted, a notation to that effect, including the physician's name should be recorded in the patient's medical record.

**E-43.1 Attachment A**  
**Effective: 10/27/ 2020 (D)**  
**Replaces: 10/27/2020 (A)**  
**Reviewed: 10/2021**

The APRN or PA is to immediately report any emergency situations after stabilizing the patient, and will give a daily status report on any occurrences that fall outside the practice agreement or any associated treatment guidelines.

**Medical Records**

The APRN or PA is responsible for the complete, legible documentation of all patient encounters in the medical record as consistent with agency policy.

**Education, Training, Certification, Licensure & Authorization to Practice**

The APRN or PA must possess a valid, unencumbered license as a Registered Nurse or Physician Assistant from Texas. In addition, the APRN must have documentation from the Texas Board of Nursing authorizing advanced nursing practice in a role and specialty appropriate to the patients for this site. If prescriptive authority is delegated, the APRN or PA must also have a valid prescriptive authority number from the Texas Board of Nursing or Texas Physician Assistant Board. If prescriptive authority for controlled substances is delegated, the APRN or PA must also have a Drug Enforcement Administration (DEA) permit. Copies of these records must be maintained in the facility file and maintained with the appropriate office of credentialing

The APRN or PA must verify that delegating and alternate physicians possess an unrestricted Texas medical license.

**Evaluation of Clinical Care**

Evaluation of the APRN or PA will be provided in the following ways

QA Activity	Frequency	Person to Conduct the Activity
Monthly meetings to discuss information related to patient care and treatments, changes in patient care plans, issues related to referrals, and discussion of patient care improvements. Monthly meetings must be documented.	<ul style="list-style-type: none"> <li>Monthly meetings are held in a manner determined by the physician and the advanced practice registered nurse or physician assistant. Meetings may be held by means of remote electronic communication (e.g., telephone, video conference or internet).</li> </ul>	Delegating physician
Monthly chart review and countersigning or university established tracking system (e.g., log)*	5 charts per APRN or PA.	Delegating physician

\*Electronic review and signing of the charts from a remote location is acceptable.

**E-43.1 Attachment A**  
**Effective: 10/27/ 2020 (D)**  
**Replaces: 10/27/2020 (A)**  
**Reviewed: 10/2021**

**Statement of Approval**

We, the undersigned, agree to the terms of this Agreement as set forth in this document.

Signature Delegating Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Signature APRN or PA: \_\_\_\_\_ Date: \_\_\_\_\_

Optional:  
 Name Alternative Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Alternative Physician: \_\_\_\_\_ License # \_\_\_\_\_

Address of Practice Site(s): \_\_\_\_\_

**Texas Medical Board Notification**

Online TMB registration of supervision or delegated prescriptive authority completed

Date registration completed: \_\_\_\_\_

Date agreement terminated: \_\_\_\_\_

**Annual Review**

(Attach agreement amendments if needed)

Date of Review	Initials Delegating Physician	Initials APRN or PA	Initials Alternative Physician

Note: A copy must be kept onsite in the facility’s credential file for two years after the prescriptive authority agreement has been terminated.