Prescription Authority Agreement — Sample Form

Delegating and supervising physician:

Name _____ License No. _____

Address _____

Advanced practice registered nurse (APRN) or physician assistant (PA) to whom prescriptive authority is being delegated pursuant to this agreement:

Name _____ License No. _____

Address _____

Nature of practice (primary care, OB-Gyn) _____

Practice location(s) _____

_____

_____

The following types or categories of drugs or devices may be prescribed:

☐ All dangerous drugs (nonschedule) ☐ All schedule III-V controlled substances

OR

Permitted drugs or devices _____

_____

Limitations _____

_____

1. Describe general plan for addressing consultation and referral of patients.*

   _____

   _____

   _____

2. Describe general plan for addressing patient emergencies.*

   _____

   _____

   _____

3. Describe general process for communication and sharing information regarding patient care (e.g., consultation, physician availability in person/by phone).*

   _____

   _____

   _____

*Attach additional protocol or instructions, if applicable.

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4. Describe a prescriptive-authority quality assurance and improvement plan, and specify methods for documenting implementation of the plan that include chart review, and number or percentage of charts to be reviewed. Attach quality assurance and improvement plan, or describe below.

5. Quality assurance meetings are held with delegating physician and/or alternate supervising physicians

   ☐ Monthly ☐ Quarterly (as allowed by law) ☐ Other _____

   (*Documentation of QA meetings should be maintained as attachments to this agreement.*)

6. OTHER REQUIREMENTS (by physician)

7. Alternate supervising physician(s) (optional, IF group practice) name and license number. Signature recommended.

Name	License No.	Signature

8. The APRN listed in this agreement hereby acknowledges that the Texas Board of Nursing (TBON) has approved his or her authority to prescribe or order a drug or device as authorized under Chapter 157, Texas Occupations Code.

9. The APRN or PA listed in this agreement hereby acknowledges that he or she:
   a. Holds an active license to practice in Texas as an APRN or PA and is in good standing in this state; and
   b. Is not currently prohibited by TBON or the Texas Physician Assistant Board (TPAB) from executing a prescriptive authority agreement; and
   c. Has disclosed to the physician any prior disciplinary action by TBON or TPAB, as follows:

10. The physician listed in this agreement hereby acknowledges that he or she has disclosed to the APRN or PA any prior disciplinary action by the Texas Medical Board.

Delegating physician

APRN/PA

Date of agreement

Copies to be maintained by PHYSICIAN and delegated APRN/PA.

PAA PERIODIC REVIEW

This agreement must be reviewed periodically, at least annually.

Delegating physician

APRN/PA

Date of review