

Practice Agreement Requirements for Licensed Nurse Practitioners (Advanced Practice Registered Nurses)

Revised by the Board of Nursing – July 20, 2021

Adopted by the Board of Medicine –

KEY POINTS:

- Certified Registered Nurse Anesthetist (“CRNA”) – A practice agreement is **not** required for nurse practitioners licensed in the category of CRNA. The CRNA practices under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry.
- Certified Nurse Midwife (“CNM”) - A practice agreement is required with either a CNM who has practiced for at least two years or a licensed physician for nurse practitioners licensed in the category of CNM prior to completion of 1,000 practice hours.
- Clinical Nurse Specialist (“CNS”) – A practice agreement with a licensed physician is required for nurse practitioners licensed in the category of CNS.
- Nurse Practitioner (“NP”) – A practice agreement with a patient care team physician is required for nurse practitioners with less than 2 years of clinical experience; this does not apply for NPs in the categories of CNM, CRNA, or CNS.
- Nurse practitioners who are required to have a practice agreement are responsible for maintaining the practice agreement and making it available for review by the Board of Nursing upon request.
- Practice agreements do **not** need to be submitted to the Board of Nursing to obtain or renew the professional license.

FURTHER STATUTORY DETAILS :

CNM - §§ 54.1-2957(H) and 54.1-2957.01(G)

A CNM who has practiced fewer than 1,000 hours shall practice in consultation through a practice agreement with a CNM who has practiced for at least two years prior to entering into the practice agreement or a licensed physician.

- The practice agreement shall address the availability of the consulting CNM or the licensed physician for routine and urgent consultation on patient care.
- If the CNM will prescribe, the practice agreement shall include the parameters of such prescribing of Schedules II through VI controlled substances.

Requirements for CNM autonomous practice can be found in § **54.1-2957(H)**

CNS - §§ 54.1-2957(J) and 54.1-2957.01(G)

A CNS shall practice in consultation with a licensed physician in accordance with a practice agreement

- The practice agreement shall address the availability of the physician for routine and urgent consultation on patient care.
- If the CNS will prescribe, the practice agreement shall include the parameters of such prescribing of Schedules II through V controlled substances.
- Inclusion of the prescribing of Schedule VI controlled substances is not required in the practice agreement.

NOTE: There are no conditions in Virginia Code under which a CNS may practice without a practice agreement

NP - §§ 54.1-2957(C) & (D) and 54.1-2957.01(B)

An NP not qualified for autonomous practice shall maintain appropriate collaboration and consultation with at least one patient care team physician, as evidenced in a written or electronic practice agreement which is periodically reviewed and revised. The practice agreement shall include:

- Provisions for the periodic review of health records by the patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
- Provisions for appropriate input from health care providers in complex clinical cases and patient emergencies and for referrals;
- Categories of drugs and devices that may be prescribed;
- Guidelines for availability and ongoing communications that provide for and define consultation among the collaborating parties and the patient;
- Provisions for periodic joint evaluation of services provided;
- Provisions for periodic review and revision of the practice agreement; and
- The signature of the patient care team physician or the name of the patient care team physician clearly stated.

Requirements for NP autonomous practice can be found in § 54.1-2957(I)