

Practice Agreement Requirements for Licensed Nurse Practitioners

Adopted by the Board of Nursing – July 14, 2015
Adopted by the Board of Medicine – June 18, 2015

In the *Regulations Governing the Licensure of Nurse Practitioners, 18VAC 90-30-10 et seq.*, “Practice agreement” is defined as:

“a written or electronic statement, jointly developed by the collaborating patient care team physician(s) and the licensed nurse practitioner(s), that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed nurse practitioner(s) in the care and management of patients. The practice agreement also describes the prescriptive authority of the nurse practitioner, if applicable.”

The practice agreement should include:

- A description of the procedures that the licensed nurse practitioner (LNP) will perform in accordance with his or her specialty training.
- Provisions for the periodic review of patient charts or electronic patient records by a 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 physician input in complex clinical cases and patient emergencies and for referrals; and
- 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 that address, at a minimum, the availability of the collaborating physician proportionate to such factors as practice setting, acuity, and geography.
- Provisions for periodic joint evaluation of services provided and review of patient care outcomes.
- Provisions for periodic review and revision of the practice agreement.
- Authorization for the LNP’s for signatures, certifications, stamps, verifications, affidavits and endorsements consistent with 18VAC90-30-122.
- Authorization to refer patients for physical therapy in accordance with § 54.1-3482.
- Authorization to write DNR orders.
- Written or electronic signature of the LNP(s) and the physician(s) or the name of the patient care team physician who has entered into the agreement with the licensed nurse practitioner.

The LNP should consider identifying a back-up collaborating physician in the event of the unexpected departure of the patient care team physician. The practice agreement should either state the name or include the signature of the physician who will serve in the role of an alternative team physician in the event the primary team physician is no longer available for collaboration and consultation.

The LNP is required to:

- Maintain the practice agreement.

Guidance document: 90-56

- Make the practice agreement available for review by the Board of Nursing.
- Have a practice agreement with a patient care team physician that includes the setting or settings in which the nurse practitioner is actively practicing.

It is not a requirement that a copy of the practice agreement be submitted to the Board of Nursing to obtain or renew the professional license.