

Nurse Practitioner Site Visit Form

Date/Time of site visit: _____ Date/Time of notification: _____

Name of Nurse Practitioner _____ Approval Number _____

Name of Primary Supervising Physician _____

Telephone Numbers: Office: _____ Cell: _____ Home: _____

Nurse Practitioner's Email Address: _____

Please NOTE: Even though the compliance review audits only Rules .0807 and .0810, the NP remains responsible for being in compliance with ALL of the NP rules in 21 NCAC 36 .0800 and 21 NCAC 32M .0100.

.0807 CONTINUING EDUCATION			
	Yes	No	N/A
Documentation of 50 contact hours of approved CE every year?			

.0810 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT (CPA)			
	Yes	No	N/A
Is CPA document available for inspection for the current year?			
CPA document signed and dated by the NP and primary supervising physician(s)?			
<i>For NP approval longer than 1 year, annual review of CPA document indicated by a signature sheet signed and dated by the NP and the primary supervising physician(s) appended to CPA or individually signed? If not applicable, indicate with N/A</i>			
CPA describes how the NP and primary supervising physician are continuously available to each other:			
CPA includes drugs, devices, medical treatment, tests and procedures that may be prescribed, ordered and performed by the NP?			
CPA includes a predetermined plan for emergency services?			

QUALITY IMPROVEMENT PROCESS INDICATED BY:			
	Yes	No	N/A
<i>First six months of collaborative practice agreement with primary supervising physician:</i>			
Evidence of meetings between NP & primary supervising physician monthly x 6 months?			
Documentation of clinical problem discussed, progress toward improving outcomes; and recommendations, if any, for changes in treatment?			
Signed and dated by those who attended?			
<i>Continuous collaborative practice agreement after 6 months:</i>			
Evidence of meetings between NP and primary supervising physician every six months?			
Documentation of clinical problem discussed, progress toward improving outcomes; and recommendations, if any, for changes in treatment?			
Signed and dated by those who attended?			
Documentation retained for previous 5 calendar years by NP and physician?			

GENERAL COMMENTS:			
	Yes	No	N/A
Were discrepancies identified in this visit?			
If yes, summary of discrepancies with Rule Reference Numbers: See Comments Section			
If discrepancies identified, date NP to provide documentation to demonstrate compliance with rules? DATE:			
Exit conference held with NP?			
Exit conference held with supervising MD?			
Re-visit recommended?			

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**COMMENTS RELATED TO SPECIFIC RULES ON NP SITE VISIT FORM
(please use rule number when noting comments)**

[Large empty rectangular box for comments]

BON Representative Signature

MB Representative Signature

Date

Nurse Practitioner Signature

Supervising Physician Signature

Date

For Board Use Only

[Empty rectangular box for board use only]