

Nurse Practitioner Mail-In Compliance Review Form

Date notification letter received	
Name of Nurse Practitioner (NP)	
Approval Number	
Name of Primary Supervising Physician	
NP Date of Birth	
NP email address	
Home Number	
Cell Number	
Work Number	

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.

Please submit evidence of the following by mail or electronically (no faxes) and indicate appropriate "yes/no" responses on form. See instructions accompanying this form. NOTE: Please do not indicate "yes" if you lack the required documentation.

.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)

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 to 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 to 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 review? If yes, summary of discrepancies with Rule Reference Numbers: See Comment Section			

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FOR USE BY NP

COMMENTS RELATED TO SPECIFIC RULES ON NP MAIL IN COMPLIANCE REVIEW. If NP identifies discrepancies, describe below referencing applicable rule.

Nurse Practitioner Name (please print)

Nurse Practitioner Signature

Date

Supervising Physician Name (please print)

Supervising Physician Signature

Date