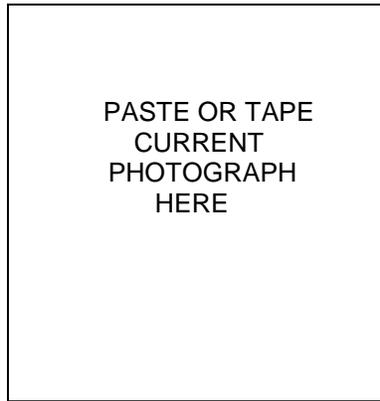


**NORTH CAROLINA BOARD OF NURSING
NURSE PRACTITIONER APPLICATION
IDENTIFICATION DOCUMENT**

**INITIAL APPROVAL TO PRACTICE OR
SUBSEQUENT APPLICATION(S) FOR APPROVAL TO PRACTICE**

Recent photograph of applicant: Please paste or tape a **passport type and size** photograph of your face and shoulders below in the appropriate block. The photograph must be no older than 6 months and of a durable quality. Computer copied or generated photographs are not acceptable.



Primary Supervising Physician and Nurse Practitioner Certification of Understanding and Compliance related to the Approval to Practice Application(s).

The undersigned have read this form and certify that the information contained herein is correct to the best of their knowledge.

The undersigned further certify that they have carefully read and understand the law and regulations regarding nurse practitioners. The undersigned agree to fully comply with such statutes and regulations. Furthermore, the undersigned primary supervising physician who, by signing the nurse practitioner application, shall provide on-going supervision, collaboration, consultation and evaluation of the medical acts performed by the nurse practitioner as defined in the Collaborative Practice Agreement. The primary supervising physician shall assume the responsibility of assuring the Boards that the nurse practitioner is qualified to perform those medical acts described in the Collaborative Practice Agreement.

Date

Nurse Practitioner Applicant (**Original Signature**)

Full Name Typed or Printed Legibly

Primary Supervising Physician's E-Mail Address
(See below)

IF PRIMARY SUPERVISING PHYSICIAN'S EMAIL ADDRESS IS NOT PROVIDED, PLEASE ASK PHYSICIAN TO COMPLETE BELOW:

Date

Primary Supervising Physician (**Original Signature**)

Full Name Typed or Printed Legibly

Submit all materials to: Attn: Teresa Werlau
NC Board of Nursing
P.O. Box 2129
Raleigh NC 27602

OR For Overnight Mail Service ONLY: Attn: Teresa Werlau
NC Board of Nursing
4516 Lake Boone Trail
Raleigh NC 27607

THE APPLICATION IS NOT COMPLETE UNTIL ALL COMPONENTS ARE RECEIVED BY NC BOARD OF NURSING