

Nurse Practitioner Mail-In Compliance Review Form

Meeting the Nurse Practitioner Mail-In Compliance Review Requirements

Please provide the identifying/contact information requested below:			
Date notification letter received		NP Date of Birth	
Name of Nurse Practitioner (NP)		NP email address	
Approval Number		Home Number	
Name of Primary Supervising Physician		Cell Number	
		Work Number	

Please NOTE: Even though the compliance review audits only Rules .0803, .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 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.

Meeting the Registration Requirement .0803 NURSE PRACTITIONER REGISTRATION	Yes	*No	N/A	*If “No,” please explain
1. Do you currently hold national certification in the population focus of your graduate education?				
Meeting the Continuing Education Requirement (CE) .0807 CONTINUING EDUCATION	Yes	*No	N/A	*If “No,” please explain
2. Do you have 50 contact hours of approved CE for the last 2 years (current approval year included)? NP renewal cycles are annual (birth month to birth month).				
3. Do you prescribe controlled substances?				
<ul style="list-style-type: none"> • If you prescribe controlled substances, have you completed at least one hour of approved CE on controlled substance prescribing per rule? 				
<ul style="list-style-type: none"> • If you prescribe controlled substances, have you registered and utilized the controlled substance reporting systems (CSRS)? 				

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Meeting the Collaborative Practice Agreement (CPA) Document Requirement .0810 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT	Yes	*No	N/A	*If "No," please explain
1. Have you provided your current CPA document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is your current CPA document signed and dated by you (the NP) and your primary supervising physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If you have been in this specific approval longer than 1 year, have you evidence of annual reviews of the CPA document? The evidence can either be a signature sheet appended to the CPA signed and dated by you (the NP) and the primary supervising physician, or individual CPAs for each year signed and dated as mentioned. <i>If not applicable, indicate with N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does your CPA describe how you (the NP) and your primary supervising physician are continuously available to each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does your CPA include drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by you (the NP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does your CPA include a predetermined plan for emergency services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Meeting the Quality Improvement (QI) Process Requirement <i>First six months of collaborative practice agreement with primary supervising physician:</i>	Yes	*No	N/A	*If "No," please explain
1. Have you provided copies of your documented QI meetings between you (the NP) and your supervising physician that are to be held every month for the first six months of your collaborative practice agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do your documented QI meetings address clinical problem(s) discussed; progress toward improving outcomes; and recommendations, if any, for changes to treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are these documented QI meetings signed and dated by those who attended (in particular you and your primary supervising physician)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Meeting the Quality Improvement (QI) Process Requirement <i>Continuous collaborative practice agreement after first 6 months:</i>	Yes	*No	N/A	*If "No," please explain
1. Have you provided copies of your documented QI meetings between you (the NP) and your supervising physician that are to be held every six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do your documented QI meetings address clinical problems discussed; progress toward improving outcomes; and recommendations, if any, for changes to treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are all your documented QI meetings signed and dated by those who attended (in particular, you and your primary supervising physician)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have your documented QI meetings between you (the NP) and your primary supervising physician retained for the previous 2 calendar years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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GENERAL COMMENTS

If you did not have enough room above to explain the discrepancies in this review, please use this section to indicate the requirements you did not meet and explain why the requirement(s) was/were not met. Note which rule the requirement is related to (either .0807 and .0810, or both).

Nurse Practitioner Name (please print)

Nurse Practitioner Signature

Date

Supervising Physician Name (please print)

Supervising Physician Signature

Date