Site Visit Nurse Practitioner Compliance Review Checklist
Meeting the Nurse Practitioner Site Visit Compliance Review Requirements

Identifying/Contact Information:			
Date notification letter received		**NP Date of Birth**	
Name of Nurse Practitioner (NP)		**NP email address**	
Approval Number		**Home Number**	
Name of Primary Supervising Physicians		**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 <u>ALL</u> of the NP rules in 21 NCAC 36.0800 and 21 NCAC 32M .0100.

Meeting the Registration Requirement .0803 NURSE PRACTITIONER REGISTRATION	**Yes**	***No**	**N/A**	***If "No," please explain**
1. Does NP currently hold national certification in the population focus of his/her graduate education?				

Meeting the Continuing Education Requirement (CE) .0807 CONTINUING EDUCATION	**Yes**	***No**	**N/A**	***If "No," please explain**
2. Has NP provided 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. Does NP prescribe controlled substances?				
• If NP prescribes controlled substances, has he/she completed at least one hour of approved CE on controlled substance prescribing per rule?				
• If NP prescribes controlled substances, has he/she 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. Has NP provided his/her current CPA document?	☐	☐	☐	
2. Is NP's current CPA document signed and dated by him/her (the NP) and his/her primary supervising physician?	☐	☐	☐	
3. If NP has been in this specific approval longer than 1 year, does he/she have evidence of annual reviews of the CPA document? The evidence can either be a signature sheet appended to the CPA signed and dated by him/her (the NP) and the primary supervising physician, or individual CPAs for each year signed and dated as mentioned. *If not applicable, indicate with N/A*	☐	☐	☐	
4. Does NP's CPA describe how he/she (the NP) and his/her primary supervising physician are continuously available to each other?	☐	☐	☐	
5. Does NP's CPA include drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by him/her (the NP)?	☐	☐	☐	
6. Does NP's CPA include a predetermined plan for emergency services?	☐	☐	☐	

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

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

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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 NP did not meet and explain why the requirement(s) was/were not met. Note which rule the requirement is related to (.0803, .0807 and .0810).

_____ _____ _____

Nurse Practitioner Name (please print)   Nurse Practitioner Signature   Date

_____ _____ _____

Supervising Physician Name (please print)   Supervising Physician Signature   Date

_____ _____ _____

NCBON Staff (please print)   NCBON Staff Signature   Date