

**NOTIFICATION TO NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
OF COLLABORATION OF ADVANCED PRACTITIONER OF REGISTERED NURSING**

COMES NOW _____ **being first duly sworn who deposes and says that:** I, the undersigned physician, am duly licensed to practice medicine in the state of Nevada by the Nevada State Board of Osteopathic Medicine, possess an active license to practice medicine in the state of Nevada, license number _____, am in good standing with the Nevada State Board of Osteopathic Medicine. I am engaged in the full time practice of medicine in the state of Nevada, am current on all my required CME and am not aware of any disciplinary action, formal or informal; pending against me by the Nevada State Board of Osteopathic Medicine or any other jurisdiction's medical licensing entity. **I have checked with the Nevada State Board of Nursing and determined that the advanced registered practitioner of nursing I am going to supervise has never been formally disciplined by the Nevada State Board of Nursing.**

I have read and am aware of the provisions of Chapters 633 and 632 of the Nevada Revised Statutes concerning the duties of a supervising physician and advanced practitioners of registered nursing, as well as Chapters 633 and 632 of the Nevada Administrative Code which are the regulations adopted by the Nevada State Board of Osteopathic Medicine and the Nevada State Board of Nursing concerning a physician's relationship with a physician assistant and/or advanced practitioner of registered nursing. I have read and am aware of the regulation of the Nevada State Board of Osteopathic Medicine under Chapter 633 of the Nevada Administrative Code that precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of registered nursing, or with a combination of more than three physician assistants and advanced practitioners of registered nursing, without first filing a petition with the Board for approval to supervise more, and the requirement that I prove to the satisfaction of the Board that the circumstances of my practice necessitate more and that I will be able to supervise/collaborate with the greater number in a satisfactory manner.

I hereby certify that this relationship does not violate the limitation cited above concerning the total number of physician assistants or advanced practitioners of registered nursing with whom I may simultaneously supervise or collaborate. Further, this relationship will not begin until I am in receipt of a file stamped copy of this Notification bearing the receipt stamp of the Nevada State Board of Osteopathic Medicine thereon. Upon receipt of same, I will be supervising the following named advanced practitioner of nursing at the following practice location(s).

	(Address)
(Print) Name of Advanced Practitioner of Registered Nursing	Practice Location Telephone # _____

I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Nevada State Board of Osteopathic Medicine, and that I shall notify the Board, in writing, of the termination of this relationship.

WHEREFORE, I set my hand this _____ day of _____, 20_____

Supervising Physician Name (Print or Type)	Supervising Physician (Signature)
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The above named _____ (Print Physician Name) being first duly sworn, appeared before me, a notary public, on the _____ day of _____, 20_____, and, in my presence, executed this document consisting of one (1) page.

Notary Public

COMES NOW _____ **being first duly sworn who deposes and says that:** **A.P.R.N., being first duly sworn, who deposes and says that:** I, the undersigned **advanced practice registered nurse**, am duly licensed as an advanced practice registered nurse in the state of Nevada, and in good standing with the Nevada State Board of Nursing, have never been formally disciplined by the Nevada State Board of Nursing for a violation of the Nurse Practice Act of the state of Nevada. That I have read and am aware of the provisions of Chapter 632 of the Nevada Revised Statutes and the Nevada Administrative Code as those laws applies to advanced practice registered nurses. I am aware of the requirements of the Nevada State Board of Medical Examiners that my collaborating physician notify that Board of the termination of this agreement.

WHEREFORE, I set my hand this _____ day of _____, 20_____.

Advanced Practitioner of Registered Nursing Name (Print or Type)	Advanced Practitioner of Registered Nursing (Signature)
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The above named _____ (Print Advanced Registered Practitioner of Nursing Name) being first duly sworn, appeared before me on the _____ day of _____, 20_____, and, in my presence, executed this document consisting of one (1) page.

Notary Public



Re: Executed copy of the Supervising/Collaborating Agreement with PA-C or APRN

Dear Executive Director,

Please see Renown employed provider's signatures below authorizing the Nevada State Medical Board to provide a copy of their executed supervising/collaborating agreement to a third party, Renown Provider Enrollment.

In addition to the licensees, please email a copy of the executed agreement to Renown Provider enrollment at msocred@renown.org

Collaborating Physician First & Last Name	Physician's email	PA-C or APRN First & Last Name	PA-C or APRN email

Collaborating Physician Signature

Date

PA-C or APRN Signature

Date

The above-name _____
Physician's Name (print)
being first duly sworn, appeared before me on the _____ day
of _____, 20____, and in my presence.
Executed this document consisting of one (1) page.

The above-name _____
PA-C and/or APRN Name (print)
being first duly sworn, appeared before me on the _____ day
of _____, 20____, and in my presence.
Executed this document consisting of one (1) page.

Notary Public

Notary Public

Feel free to contact Renown provider enrollment at 775-982-5262 or msocred@renown.org if you have any questions.

Sincerely,

Provider Enrollment

Provider Enrollment