**PERSONAL AUTHORIZATION FOR ADVANCED PRACTICE CLINICIANS**

This authorization includes activities for patient care that may be performed by advanced practice clinicians, which includes Nurse Practitioners\* and Physician Assistants, who must practice under a supervising/licensed physician, based on individual state practice acts. It is not meant to be all-inclusive; the Center Physician should feel free to make additions or revisions to this authorization if necessary. The Health and Wellness Director (HWD), in consultation with the Center Physician, should complete this personal authorization for each advanced practice clinician. A copy of each advanced practice clinician’s form should be kept in the Health and Wellness Center; the original should be filed in the employee's personnel record. Authorizations for new health staff should be completed and forwarded to the Regional Nurse Specialist for review within 15 days after employment.

The level of delegation should be determined not only by the education, experience, and training of the advanced practice clinician in question, but also by the preferences of the Center Physician. All center health staff and providers shall follow accepted professional standards of care and are subject to prevailing state laws.

Under this authorization, , Nurse Practitioner/ Physician Assistant (license # ), may perform the procedures listed below:

# Procedures

1. Take, evaluate, and record comprehensive health histories
2. Perform comprehensive physical examinations required to evaluate health status and acute and/or chronic medical problems
3. Order, conduct, and interpret appropriate laboratory, screening studies, tests, and diagnostic procedures used to assess and diagnose problems, and establish management/treatment plans
4. Diagnose, treat, and manage acute episodic and chronic illnesses, minor traumas, and behavioral/psychological problems
5. Initiate consultation requests and work in collaboration with specialists and other health professionals as appropriate
6. Teach, counsel, and advise students about current health status, illness(es), and health-promotion and disease prevention activities
7. Prescribe non-pharmacological therapies and pharmacological agents to include scheduled controlled substances within the scope of specialty of Nurse Practitioner/Physician Assistant
8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervising Physician Signature** **Date**

*\* Authorization only needed if the Nurse Practitioner must practice under a supervising/licensed physician, based on individual state practice acts.*