

Nurse Practitioner Form 4NP

Verification of Collaborative Agreement and Practice Protocol

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Newly certified NPs (with more than 3,600 hours of qualifying NP experience) who choose to practice and have collaborative relationships as allowed by New York Law **SHOULD NOT** use this form. All other newly certified NPs must complete and submit this form.

Applicant Instructions

1. Complete Section I. In item 4, enter your name exactly as it appears on your Application for Certificate (Form 1).
2. You and the initial collaborating physician with whom you have a practice agreement and practice protocol must complete Sections II and III and return **both pages** of the form to the Office of the Professions at the address at the end of this form. Be sure to sign and date item 4 in Section III.

Note: Form 4NP is not required to obtain a certificate, but must be submitted to the Office of the Professions no later than 90 days after commencement of practice. This submission to the Department is only required **once**.

Section I - Applicant Information

1. Social Security Number _____ 2. Birth Date Month Day Year
(Leave this blank if you do not have a U.S. Social Security Number)
3. If Already Certified, New York State Nurse Practitioner Certificate Number _____
4. Print Your Name Exactly As It Appears On Your Application for a Certificate (Form 1)
Last _____
First _____
Middle _____
5. Mailing Address (You must notify the Department promptly of any address or name changes)
Line 1 _____
Line 2 _____
Line 3 _____
City _____
State _____ ZIP Code _____
Country/
Province _____

Section II - Collaborating Physician

1. Name of collaborating physician _____
Last _____ First _____ Middle _____
2. Address _____

3. Telephone _____ Fax _____
4. Email address _____
5. New York State medical license number _____
6. Area of current practice _____
7. Area of specialty practice _____

Section III - Practice Protocol

Instructions: You must use an approved practice protocol text that is a standard publication. Please select a protocol text from the approved list (available on the Office of the Professions' web site at www.op.nysed.gov) and submit this form to the Department at the address at the end of the form, no later than 90 days after the commencement of practice.

1. List title, publisher, and date of publication of the approved protocol text

2. Location and description of practice site(s) (clinic, private office, HMO, etc.)

Practice Site		
Name	Address	Description

3. Description of practice including any mutually agree upon exceptions

4. We hereby verify that we have a written collaborative agreement and have selected a practice protocol(s).

Nurse Practitioner Signature

Date

Collaborating Physician Signature

Date

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Practitioner Unit, 89 Washington Avenue, Albany, NY 12234-1000.