

Nurse Practitioner Site Visit Form

Date/Time of site visit: _____ Date/Time of notification: _____

Name of Nurse Practitioner _____ Approval Number _____

Name of Primary Supervising Physician(s) _____

Visit conducted by _____

The following are required to be available for inspection at each NP's practice site for inspection according to 21 NCAC36.0800 and 21 NCAC 32M.0100

.0801 APPROVAL AND PRACTICE PARAMETERS FOR NURSE PRACTITIONERS		
	Yes	No
Signed and dated agreement for each back-up supervising physician?		

.0803 NURSE PRACTITIONER REGISTRATION		
	Yes	No
First time approval to practice (1/1/05 or later)? <i>(If no, skip to next item)</i>		
If YES, certificate of registration on-site?		

.0804 PROCESS FOR APPROVAL TO PRACTICE		
	Yes	No
Interim status? (This is an NP Applicant; if no, skip to next item)		
If yes, date interim status started:		
Documentation of weekly face-to-face consultation w/primary supervising physician?		
If meetings have not occurred and/or there is no documentation, explain why?		
Evidence of physician countersigning of notations of medical acts within 2 working days of the NP applicant-patient visit?		

.0805 EDUCATION & CERTIFICATION REQUIREMENTS FOR REGISTRATION AS A NURSE PRACTITIONER		
	Yes	No
Proof of current RN licensure (current RN Licensure Status may be verified at www.ncbon.com)?		
Proof of current registration <i>(only if first time applicant 1/1/2005 or later)</i> ?		
Proof of current approval to practice?		
Proof of current national certification? (Required of first time application after 1/1/2005)		

.0807 CONTINUING EDUCATION		
	Yes	No
Documentation of 100 contact hours of approved CE every two years?		

.0809 PRESCRIBING AUTHORITY		
	Yes	No
Drugs & devices that may be prescribed are included in a Collaborative Practice Agreement?		
If controlled substances are prescribed, proof of a current DEA #?		
Prescription pad format includes:		
NP's name		
NP's telephone number		
NP's prescribing number		
Supervising physician's name		
<i>If NP dispenses, other than samples, proof of current BOP permit to dispense</i> If so, name/contact information for consulting pharmacist		

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.0810 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT (CPA)		
	Yes	No
Is CPA available for inspection?		
Describe how the NP and primary supervising physician are continuously available to each other:		
CPA signed by the NP and primary supervising physician(s)?		
<i>For CPA older than 1 year, annual review indicated by a signature sheet signed by the NP and the primary supervising physician(s) appended to CPA? If not applicable, indicate with N/A</i>		
CPA includes drugs, devices, medical treatment, tests and procedures that may be prescribed, ordered and performed by the NP?		
CPA includes a predetermined plan for emergency services?		

QUALITY IMPROVEMENT PROCESS INDICATED BY:		
	Yes	No
<i>First six months of initial CPA:</i>		
Evidence of meetings between NP & primary supervising physician every week x 4 weeks?		
Evidence of meetings between NP & primary supervising physician monthly x 5 months?		
Documentation of clinical problem discussed, progress toward improving outcomes; recommendations, if any, for changes in treatment?		
QUALITY IMPROVEMENT PROCESS INDICATED BY: (continued)		
	Yes	No
Signed and dated by those who attended?		
Retained for previous 5 calendar years by NP and physician?		
<i>First six months of subsequent CPA with different primary supervising physician:</i>		
Evidence of meetings between NP & primary supervising physician monthly x 6 months?		
Documentation of clinical problem discussed, progress toward improving outcomes; and recommendations, if any, for changes in treatment?		
Signed and dated by those who attended?		
<i>Continuous CPA after 6 months:</i>		
Evidence of meetings between NP and primary supervising physician every six months?		
Documentation of clinical problem discussed, progress toward improving outcomes; and recommendations, if any, for changes in treatment?		
Signed and dated by those who attended		
Documentation retained for previous 5 calendar years by NP and physician?		

.0811 METHOD OF IDENTIFICATION		
	Yes	No
Is appropriate name tag worn when providing care to patients?		

GENERAL COMMENTS:		
	Yes	No
Were discrepancies identified in this visit?		
If yes, summary of discrepancies with Rule Reference Numbers: See Comments Section		
If discrepancies identified, date NP to provide documentation to demonstrate compliance with rules?		
Exit conference held with NP?		
Exit conference held with supervising MD?		
Re-visit recommended?		

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COMMENTS RELATED TO SPECIFIC RULES ON NP SITE VISIT FORM
(please use rule number when noting comments)

BON Representative Signature

MB Representative Signature

Date

Nurse Practitioner Signature

Supervising Physician Signature

Date

For Board Use Only