

**UW Health**

**Advance Practice Nurse Prescriber  
Practice Agreement  
2022-2024**

Name: \_\_\_\_\_

Practice Specialty: \_\_\_\_\_

Practice Location: \_\_\_\_\_

**I. Basic requirements for all Advanced Practice Nurse Prescribers employed by and providing patient care on behalf of UW Health.**

**A. Wisconsin State Regulatory Requirements**

An Advanced Practice Nurse (APN) is a registered nurse who meets the licensing, certification, and educational standards of the Wisconsin Board of Nursing. An Advanced Practice Nurse Prescriber (APNP) is an APN who has been granted a current certificate to issue prescription orders by the Wisconsin Board of Nursing.

In providing medical care, the entire practice of any APNP shall be in compliance with applicable laws and regulations and in collaboration with a licensed physician. The scope of practice is limited to providing medical care which does not exceed the APNP's training, education, and experience.

An APNP may dispense, administer, and prescribe medications, including controlled substances, that are within the APNP's areas of competence, as established by their education, training, and experience, and further subject to the limits of Wisconsin Administrative Code section N 8, including specifically sections N 8.06, 8.07, and 8.09. APNPs who prescribe controlled substances must register with the DEA.

An APNP shall promote communication and collaboration among APNPs, physicians, and other health care professionals. An APNP shall work in a documented collaborative relationship with a physician, in the physician's presence when necessary, to deliver health care services within the scope of the APNP's professional training, education, and experience. An APNP must complete an average of at least 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the APNP's area of practice, including at least 2 contact hours in responsible prescribing of controlled substances.

An APNP shall accurately and appropriately document medical record information (electronically, written, or transcribed).

An APNP shall order treatment, therapeutics, and testing appropriate to the APNP's areas of competence as established by their education, training, or experience, to provide care management.

**B. Additional UW Health Requirements**

In addition to remaining in compliance with applicable laws and regulations, the entire practice of an APNP providing care on behalf of UW Health shall be consistent with then-current UW Health Guidelines and with UW Health policies and procedures. At University of Wisconsin Hospitals and Clinics sites, an APNP may provide patient care services only within the scope of granted privileges.

**II. Requirements for APNPs Practicing in any other Facility not Managed by UW Health**

Any APNP requiring credentialing, privileging, or additional approvals prior to practicing in any other facility not managed by UW Health shall comply with such other facility's requirements. Such facility-specific processes are independent of this practice agreement. In addition, an APNP practicing at a facility not managed by UW Health shall follow UW Health policies and procedures to the extent they are applicable to the APNP.

### III. Signatures of APNP and All Collaborating Physicians

The signatures below signify that the collaborative physician(s) and the named APNP will comply with the terms of this practice agreement. The practice location medical director is signing this collaborative agreement on behalf of all physicians working at the APNP's practice location(s) and within the APNP's practice specialty. These parties also agree to and accept all responsibilities of delegation, supervision, and collaboration as organizationally defined by UW Health.

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Advanced Practice Nurse Prescriber

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Date

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Collaborating Physician  
*Clinical Site Medical Director*

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Date

*This document is required to be reviewed and updated at least every two years, and if there is a change of practice specialty or a legislative/regulatory change requiring revision. If there are changes to this document, it must be resubmitted to appropriate parties for review and approval.*

Return completed form electronically to [APP@uwhealth.org](mailto:APP@uwhealth.org)