

Boston Medical Center – Prescriptive Practice Review Confirmation
CRNAs, CNPs or PNMHCSs with less than two years of supervised practice experience

Commonwealth of Massachusetts regulation 244 CMR 4.07(2)(c) requires that CRNAs, CNPs or PNMHCSs with less than two years of supervised practice experience, or its equivalent, may engage in prescriptive practice with supervision by a Qualified Healthcare Professional and will develop mutually agreed upon guidelines with the Qualified Healthcare Professional which will:

1. identify the supervising Qualified Healthcare Professional, including a mechanism for ongoing supervision by another Qualified Healthcare Professional, including but not limited to, duration and scope of the supervision;
2. describe circumstances in which Qualified Healthcare Professional consultation or referral is required;
3. CRNA guidelines do not need to be signed. CNP and PNMHCS guidelines shall be signed. The guidelines will be kept on file in the workplace; and
4. conform to any other applicable law or regulation.

By signing below, I attest that I have reviewed the prescriptive practice of the APRN listed below and we have mutually developed prescriptive guidelines.

Qualified Healthcare Professional Signature

Date

Qualified Healthcare Professional Printed Name

By signing below, I attest that I have participated in the review of my prescriptive practice and guidelines with the supervising physician.

APRN Signature

Date

APRN Printed Name

Return 1) this form and 2) a copy of the guidelines to:

Boston Medical Center, Medical Staff Services

Fax: (617) 414-6031 -- credentialing@bmc.org