

Clinic or Physician Letterhead

Date:

Nevada State Board of Nursing
5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547

Protocol for Prescription of Schedule II Controlled Substance Drugs

Dear Board:

Per NRS 632.237 Subsection 2(b)-3(b): "An advanced practice registered nurse may:

(b) If authorized pursuant to [NRS 639.2351](#) and subject to the limitations set forth in subsection 3, prescribe controlled substances, poisons, dangerous drugs and devices.

3. An advanced practice registered nurse who is authorized to prescribe controlled substances, poisons, dangerous drugs and devices pursuant to [NRS 639.2351](#) shall not prescribe a controlled substance listed in schedule II unless:

(a) The advanced practice registered nurse has at least 2 years or 2,000 hours of clinical experience; or

(b) The controlled substance is prescribed pursuant to a protocol approved by a collaborating physician."

Please be advised that (Name) APRN, Nevada License Number [redacted] will begin employment with - (physician) [redacted] on (date) [redacted].

Dr. (Physician Name, License Number) is a (Family Practice, etc MD/DO/DPM etc...)

(Physician Name) has agreed to be the collaborating physician for prescribing Schedule II Controlled Substance Drugs for (Name APRN, FNP) per NRS 639.2351 and the following protocol.

The signatures below affirm that:

- Prior to prescribing Schedule II Controlled Substances, the advanced practice registered nurse (APRN) shall obtain a Controlled Substance Registration Certification through the U.S. Drug Enforcement Agency (DEA).
- The parties agree that the advanced practice registered nurse (APRN) will have full authority to prescribe any medication in the Class II category.
- The parties further agree that the APRN will consult with the physician in a manner and on a schedule determined by the parties.
- The parties agree that meaningful consultation will best be conducted face-to-face or via telephone. Consultations may occur spontaneously, as needed, in addition to scheduled interactions.

- A copy of this completed protocol/agreement will be available at each site where the advanced practice registered nurse (APRN) is providing patient care.
- Either party may rescind this agreement at any time. The preferred method will be in writing.
- The Nevada State Board will be notified within twenty-four (24) hours of any changes to this protocol/agreement.

Advanced Practice Registered Nurse

Date

Collaborating Physician

Date

Practice Location (Address, City, State, Zip Code)

Practice Phone

/_____
Fax Number