

SAMPLE LETTER BY Collaborating Physician on Letterhead

Date:

To MS Board of Nursing

RE: Special Privileges Approval Request

_____ APRN license number (_____) has been educated and trained on the risks, complications and post procedural care of each of the procedures requested with a minimal of five (5) successfully performed procedures on actual patients under the direct supervision of (____ the collaborating physician _____). The procedures were performed in the (_____ clinic and hospital settings) safely and with the expertise necessary to continue to perform these procedures without direct supervision. Policies and annual competencies are in place to maintain procedural expertise. These procedures will be conducted at the requested and approved practice site.

I attest that as the Collaborating Physician, I have been trained on these procedures and will conduct these procedures as part of my routine practice as well. If a laser, pulsed light or similar devices, either for invasive or cosmetic procedures, is requested, in compliance with BOML administrative code rules and regulations, I will be on the premises and would be directly involved in the treatment if required.

The following procedures were approved: (____ list below _____)

-
-

Sincerely,

Physician Signature (handwritten)

Attachments:

Competency Log/Patient Log (HIPAA compliant) with 5 collaborating physician supervised procedures (Remember that the collaborating physician must be listed on the gateway)

Facility Policy & Procedures for the requested procedures

Collaborative Agreement with the requested procedure included

Training Certificate of both physician and NP (depending on skill requested)