Model for Prescriptive Authority  
Delegation of Controlled Substances

I, ______ (Physician) ______, delegate to ______ (Nurse Practitioner) ______ the authority to write prescriptions for Controlled Substances in Schedules specify # (be sure of requirements for 2, 2, 4, and/or 5 as part of her/his practice at (address) ** a separate document is needed at each practice site **. Effective (Date).

(Exception and limitations)

or

(None)

If appropriate, indicate any drugs and their Schedule for which NP cannot write scripts, or any limitations. An example would be to exclude a class of drugs that the physician would not him/herself prescribe.

This authorization agreement will be reviewed, and revised as needed, annually.

Agreed to by ______ (Physician) ______ (License #) ______ (Date)

________ (Nurse Practitioner) ______ (License #) ______ (Date)

Annual Review
(Comments, “No Changes” or indicate revisions)

________________________________________

Agreed to by ______ (Physician) ______ (License #) ______ (Date)

________ (Nurse Practitioner) ______ (License #) ______ (Date)

Annual Review
(Comments, “No Changes” or indicate revisions)

________________________________________

Agreed to by ______ (Physician) ______ (License #) ______ (Date)

________ (Nurse Practitioner) ______ (License #) ______ (Date)