

**NOTIFICATION TO NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE  
OF COLLABORATION OF ADVANCED PRACTITIONER OF NURSING**

**COMES NOW** \_\_\_\_\_ **being first duly sworn who deposes and says that:** I, the undersigned physician, am duly licensed to practice medicine in the state of Nevada by the Nevada State Board of Osteopathic Medicine, possess an active license to practice medicine in the state of Nevada, license number \_\_\_\_\_, am in good standing with the Nevada State Board of Osteopathic Medicine. I am engaged in the full time practice of medicine in the state of Nevada, am current on all my required CME and am not aware of any disciplinary action, formal or informal; pending against me by the Nevada State Board of Osteopathic Medicine or any other jurisdiction's medical licensing entity. **I have checked with the Nevada State Board of Osteopathic Medicine and determined that the advanced practitioner of nursing I am going to supervise has never been formally disciplined by the Nevada State Board of Osteopathic Medicine.**

I have read and am aware of the provisions of Chapter 633 of the Nevada Revised Statutes concerning the duties of a supervising physician, as well as Chapter 633 of the Nevada Administrative Code which are the regulations adopted by the Nevada State Board of Osteopathic Medicine concerning a physician's relationship with a physician assistant and/or advanced practitioner of nursing. I have read and am aware of the regulation of the Nevada State Board of Osteopathic Medicine under Chapter 633 of the Nevada Administrative Code that precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of nursing, or with a combination of more than three physician assistants and advanced practitioners of nursing, without first filing a petition with the Board for approval to supervise more, and the requirement that I prove to the satisfaction of the Board that the circumstances of my practice necessitate more and that I will be able to supervise/collaborate with the greater number in a satisfactory manner.

I hereby certify that this relationship does not violate the limitation cited above concerning the total number of physician assistants or advanced practitioners of nursing with whom I may simultaneously supervise or collaborate. Further, this relationship will not begin until I am in receipt of a file stamped copy of this Notification bearing the receipt stamp of the Nevada State Board of Osteopathic Medicine thereon. Upon receipt of same, I will be supervising the following named advanced practitioner of nursing at the following practice location(s).

|  |                   |
|--|-------------------|
|  | (Address)         |
| Name of Advanced Practitioner of Nursing | Practice Location |
|  | Telephone #       |

I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Nevada State Board of Osteopathic Medicine, and that I must immediately notify the Board, in writing, of the termination of this relationship.

WHEREFORE, I set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

|  |                                   |
|--|-----------------------------------|
| Supervising Physician Name (Print or Type) | Supervising Physician (Signature) |
|--|-----------------------------------|

The above named \_\_\_\_\_ (Print Physician Name) being first duly sworn, appeared before me, a notary public, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and, in my presence, executed this document consisting of one (1) page.

\_\_\_\_\_  
Notary Public

**COMES NOW** \_\_\_\_\_ **being first duly sworn who deposes and says that:** I, the undersigned Advanced Practitioner of Nursing, am duly licensed as an advanced practitioner of nursing in the state of Nevada by the Nevada State Board of Nursing, and am in good standing with the Nevada State Board of Nursing, and have never been formally disciplined by the Board for a violation of the Medical Practice Act of the state of Nevada. I am aware that if this relationship is terminated my failure to immediately notify the Board of the termination or my continuing to practice this portion of my practice until such time as I advise the Board of my new supervising physician, is grounds for disciplinary action against me.

WHEREFORE, I set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

|   |  |
|---|--|
| Advanced Practitioner of Nursing Name (Print or Type) | Advanced Practitioner of Nursing (Signature) |
|---|--|

The above named \_\_\_\_\_ (Print Advanced Practitioner of Nursing Name) being first duly sworn, appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and, in my presence, executed this document consisting of one (1) page.

\_\_\_\_\_  
Notary Public