



**Section III: Practice Protocol**

**Instructions:** You must use an approved practice protocol text that is a standard publication. Please select a protocol text from the approved list (see application instructions, pages 8-9) and submit this form to the Department at the address at the end of the form, no later than 90 days after the commencement of practice.

1. List title, publisher, and date of publication of the approved protocol text.

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2. Location and description of practice site(s): (clinic, private office, HMO, etc.)

Practice Site		
Name	Address	Description

3. Description of practice including any mutually agreed upon exceptions:

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4. We hereby verify that we have a written a collaborative agreement and have selected a practice protocol(s).

Nurse Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Collaborating Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Practitioner Unit, 89 Washington Avenue, Albany, NY 12234-1000.**