

Attestation of Supervision of a Nurse Practitioner by another Nurse Practitioner

This attestation must be submitted to the Nebraska DHHS Licensure Unit when the supervisor is a Nurse Practitioner. Do not submit this form if the supervisor is a physician. This form does not replace the statutory requirement for a formal written agreement between a Nurse Practitioner with fewer than 2,000 practice hours and a supervising provider. The formal, written transition-to-practice agreement does not need to be submitted to DHHS unless requested.

Nurse Practitioner Name _____ **Nebraska APRN-NP License #** _____

Phone (H) _____ (W) _____ Email Address _____

Address _____ City _____ State _____ Zip Code _____

Supervising Nurse Practitioner Name _____ **NE APRN-NP License #** _____

Phone (H) _____ (W) _____ Email Address _____

Address _____ City _____ State _____ Zip Code _____

The above named parties have developed a formal, written transition-to-practice agreement and agree to the following:

1. The Nurse Practitioner and Supervising Nurse Practitioner shall practice collaboratively within the framework of their respective scopes of practice;
2. The Nurse Practitioner and Supervising Nurse Practitioner shall each be responsible for his or her individual decisions in managing the health care of patients through consultation, collaboration, and referral;
3. The Nurse Practitioner and the Supervising Nurse Practitioner shall have joint responsibility for the delivery of health care to a patient based upon the scope of practice of each practitioner;
4. The Supervising Nurse Practitioner shall be responsible for supervision of the Nurse Practitioner to ensure the quality of health care provided to patients;

Nurse Practitioner

I _____ attest that I am the person referred to in this document as the Nurse Practitioner (NP), that the statements herein are true to the best of my knowledge and belief, and that I have read and understand the transition to practice agreement.

Signature _____ Date _____

Supervising Nurse Practitioner

I _____ attest that I am the person referred to in this document as the Supervising Nurse Practitioner, that the statements herein are true to the best of my knowledge and belief, and that I have read and understand the transition to practice agreement. I further attest that I am a Nurse Practitioner who has completed 10,000 hours of practice as a Nurse Practitioner in Nebraska or another jurisdiction, that I am a Nurse Practitioner licensed and practicing in Nebraska, and that I am practicing in the same practice specialty, related specialty or field of practice as the Nurse Practitioner being supervised.

Signature _____ Date _____