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STATE OF DELAWARE
BOARD OF NURSING

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**ADVANCED PRACTICE REGISTERED NURSE
REPORT OF COLLABORATIVE AGREEMENT CHANGE
INSTRUCTIONS**

When You Need a Collaborative Agreement

To practice as an APRN in Delaware, you must have a collaborative agreement **only if** you have practiced as an APRN less than two years **or** fewer than 4,000 hours. If you are required to have a collaborative agreement, you are *not allowed to start practicing* as an APRN in Delaware until your APRN license (or a temporary permit has been issued) **and** you have obtained the collaborative agreement.

When to Use this Form

Use this form when you have applied for or already hold a Delaware APRN license, you are required to have a collaborative agreement as explained above, **and** any of the following applies:

- A collaborative agreement has terminated.
- You had no collaborative agreement when you applied for received your APRN license, but you now have an agreement.
- You need to report a new or additional collaborative agreement or any other collaborator change.

If you have not yet applied for your Delaware APRN license, apply for your license in DELPROS.

Upload this document with your Service Request in DELPROS.

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last First Middle Maiden
2. Do you hold an active Delaware APRN license? Yes No If yes, license number: L ____ - _____
3. If you did not enter a license number above, enter your Social Security Number: _____
4. Address: _____

City State Zip
5. Phone: _____ Email: None _____
daytime evening or cell

END OF AGREEMENT

6. Are you reporting the end of a collaborative agreement? Yes No **If no, skip to the NEW OR ADDITIONAL AGREEMENT section. If yes, enter the following information about the *terminated* agreement:**

Name of Former Collaborator: _____

Business/Practice Name: _____

Business/Practice Address: _____

Why did the agreement terminate?

- I am no longer employed at this business/practice.
- My former collaborator is no longer employed at this business/practice.
- Other – explain: _____

Do you still have a collaborative agreement with someone else at this business/practice? Yes No

If yes, who? _____

Did you previously report a collaborative agreement with this person? Yes No **If no, continue with the next section.**

NEW OR ADDITIONAL AGREEMENT

7. Are you reporting one or more new or additional collaborative agreements? Yes No **If no, skip to Question 9. If yes, complete the following information about the new or additional agreement(s). Check all that apply:**

I did not have a collaborative agreement when I applied for APRN licensure, but I now have a new collaborator(s).

I did not have a collaborative agreement when my APRN license was issued, but I now have a new collaborator(s).

I have begun practicing at an *additional* business/practice and have a new collaborator there.

I am practicing at the same business/practice I previously reported, but my collaborator there has changed.

Other - explain: _____

8. Complete the following information about the each individual business/practice where you have a new, additional or revised collaborative agreement. Do **not** list multiple locations of the same business/practice. *If you need more room, enclose a separate sheet with the same information.*

DELAWARE BUSINESS/PRACTICE NAME	BUSINESS/PRACTICE ADDRESS

Submit a completed and signed Collaborative Agreement form from each new or additional collaborator.

9. Do you agree to report to the Board office any changes in the person, facility or healthcare system with which you have a collaborative agreement? Yes No

I affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge.

Signature of Advanced Practice Registered Nurse: _____ **Date:** _____