

**FLORIDA DEPARTMENT OF CORRECTIONS
PHYSICIAN'S SUPERVISION AND ESTABLISHED PROTOCOL AGREEMENT
WITH ADVANCED PRACTICE REGISTERED NURSE**

INSTRUCTIONS: In accordance with Chapter 458.348 Florida Statutes, a physician entering into a formal supervisory relationship or into an established protocol with an advanced practice registered nurse (APRN), which protocol contemplates the performance of medical acts set forth in s. 464.012(3) and (4), the physician shall submit this notice to the Board of Medicine at the following address:

Department of Health
Board of Medicine
4052 Bald Cypress Way Bin C-03
Tallahassee, FL 32399-3253
Or
FAX to the Board Office: 850-488-0596

NOTICE:

I, _____,
(physician name printed) (professional license number)

of _____,
(address of physician)

have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with _____ advanced practice registered nurse(s) listed below:
(number of persons)

(APRN name printed) (professional license number)

(APRN name printed) (professional license number)

(APRN name printed) (professional license number)

(APRN name printed) (professional license number)