

Add/Change/Remove Collaborating Physician on Indiana APN License

If you have left a practice location

- Notify the Indiana State board of nursing in writing to remove practice information and collaborating physician

If you have started at a new practice location

- Mail or email a copy of your new collaborative practice agreement, signed by both you and the collaborating physician.
- Include a cover letter indicating this is a new practice location so that all previous collaborating physicians and practice addresses can be removed.
- Allow at least two weeks for processing.

If you have added a new practice location

- Mail or email your additional practice agreement, signed by both you and the collaborating physician to the contact information listed below.
- Include a cover letter indicating this is an additional practice location.
- Allow at least two weeks for processing.

Contact information

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204

Email: pla2@pla.IN.gov
Phone: 317-234-2043
Fax: 317-233-4236

Informational Weblinks

Board of Nursing Home Page: <https://www.in.gov/pla/nursing.htm>

Board of Nursing FAQ's: <https://www.in.gov/pla/3416.htm>

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Cover Sheet for Advanced Practice Nurse Collaborative Agreement

1. Name of Facility: _____
2. Name of Advanced Practice Nurse: _____
3. Indiana License Number for RN and Certification for Advanced Practice Nurse (RN/APN/CSR). Please indicate if application is pending:

4. Type of Request (Check One):
 New Collaborative Agreement Additional Collaborative Agreement
5. For any Collaborative Agreements are the following included:
 Name, business address, home address, zip codes, telephone numbers and license numbers for APN and physician
 Coverage Clause Included
 Review Clause Included
6. For changes in Collaborative Agreements please place a check next to the type(s) and include a detailed over letter on letterhead which indicates exactly which physicians you are adding/deleting/keeping, which locations you are adding/deleting/keeping and the date the changes should take effect:
 Add Physician to existing Agreement with no other changes
 Delete Physician from existing Agreement with no other changes
 Change Physicians on existing Agreement with no other changes
 Add locations to existing Agreement with no other changes
 Delete locations to existing Agreement with no other changes
 Change location to existing Agreement
 Cancel Current CSR
 Request to Update CSR

****Please Note: If you do not have a CSR and you intend to administer and dispense controlled substances, you must fill out the CSR application, pay the fee and complete the requirements including but not limited to the criminal background check.****