

Scope of Practice Statement for

(Role and Organization)

This scope of practice statement is for the role of _____ with _____. The role of _____ to be filled by a registered nurse. **(Physician Name)** _____, M.D. of _____ will serve as the primary supervising physician. Practice site(s) will be (list all) _____. At this/these practice site(s), the physician liaison will be **(Physician Name)** _____, M.D.

The purpose of this Scope of Practice Statement is to maximize the collaborative effort of the registered nurse and the supervising physician in the provision of quality patient care. The goals of this process and duties include *but are not limited to*:

(List specific duties and responsibilities of the role)

- A.
- B.
- C.

The supervising physician will be available for consultation at all times and will maintain daily communication and interaction with **(RN Name)** _____. **(RN Name)** _____ will under no circumstances take the place of the supervising physician in rendering/oversight of patient care.

Signature:

Organization/Entity Representative _____
Date

ATTESTATION:

I have instructed, observed, and supervised **(RN Name)** _____ in the performance of the role of _____ and in the duties and responsibilities listed above. I attest that **(RN Name)** _____ is competent to serve in the role of _____ at _____ practice site(s).

Signatures:

Supervising Physician _____
Date

Nurse _____
Date