Scope of Practice Statement for

(Role and Organization)

This scope of practice statement is for the role of __________________________ with _______________________. The role of __________________________ will 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

September 2013