



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street, Suite 500, 5th Floor, Boston, MA 02114
617-973-0900 617-973-0895 TTY
www.mass.gov/dph/boards/rn

AUDIT FOR COMPLIANCE WITH THE REGULATIONS AT 244 CMR 4.00

Guidelines mean written instructions and procedures describing the methods that an APRN with prescriptive practice is to follow when managing medications and that specifies those instances in which referral to or consultation with a physician is required for appropriate medication management. When appropriate, guidelines shall also address procedures for the ordering of tests and therapeutics. CNM prescriptive practice does not require guidelines or physician supervision. CNS are not authorized by statute to register for prescriptive practice.

Guideline development and maintenance are a joint responsibility of the APRN and physician with whom the guidelines are established. Refer to 244 CMR 4.07 for specific requirements that must be included in the prescriptive practice guideline document.

There is no requirement for third party review; however, the Board may request a copy of your prescriptive practice guidelines at any time to assess compliance.

Guidelines are public documents, and an APRN that is mandated by statute to have prescriptive guidelines must make a copy of the guidelines available to any person upon request.

Guidelines remain current for the two (2) year period from which they were originally signed and dated and must be kept on file in the workplace. Should the physician with whom you develop and sign prescriptive practice guidelines changes prior to the end of the two (2) year period, the new physician with whom guidelines are established must review sign, and date the existing guidelines. Alternatively, the APRN and physician can agree to create a new document.

Changes in physician supervision must be reported to the Massachusetts Department of Public Health – Drug Control Program (DCP) by submitting a request to amend your Massachusetts Controlled Substances Registration (MCSR). The amendment form can be found on the [DCP](#) web site.

Audit conducted on: _____

APRN's Name: _____

License Number: _____ Expiration Date: _____

Physician's
Name: _____

License Number: _____ Expiration Date: _____

Supervising physician holds an unrestricted full license in Massachusetts. YES ___ NO ___

Supervising physician has completed training in the United States approved by the Accreditation Council for Graduate Medical Education (ACGME) or in Canada approved by the Royal College of Physicians and Surgeons in Canada (RCPSC) in a specialty area appropriately related to the APRN's area of practice, is Board-certified in a specialty area appropriately related to the APRN's area of practice, or has hospital admitting privileges in a specialty area appropriately related to the APRN's area of practice.* YES ___ NO ___

Supervising physician holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration. YES ___ NO ___

Written Guidelines:

1. Identify the APRN and supervising physician. YES ___ NO ___
2. Include dated signatures of the APRN and supervising physician. YES ___ NO ___
3. Include a defined mechanism for the delegation of supervision to another physician including, but not limited to, duration and scope of the delegation. YES ___ NO ___
4. Describe the nature and scope of the APRN's prescribing practice. YES ___ NO ___
5. Identify any limitations on medications or intravenous therapy to be prescribed. YES ___ NO ___
6. Describe circumstances in which physician consultation or referral is required for the pharmacologic treatment of medical conditions. YES ___ NO ___
7. Include a defined mechanism and time frame to monitor prescribing practices. YES ___ NO ___
8. Specify that the initial prescription of Schedule II drugs must be reviewed within 96 hours. YES ___ NO ___

*** For Psychiatric Clinical Nurse Specialist only:**

Notwithstanding the above, a physician who collaborates with a Psychiatric Clinical Nurse Specialist will have completed training in psychiatry approved by the ACGME or the RCPSC, or be Board certified in psychiatry. YES ___ NO ___

For Nurse Practitioners who certify Medical Marijuana only:

Pursuant to Chapter 369 of the Acts of 2012 and M.G.L.c.112 § 80I, CNPs are authorized to issue written certifications of marijuana for medical use as provided pursuant to the mutually agreed upon guidelines between the CNP and the physician supervising the CNP's prescriptive practice YES ___ NO ___