

**APRN
FORM C INSTRUCTIONS**

RETURN TO: MAINE BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137
TEL: (207) 287-3601 FAX: (207) 287-6590

IMPORTANT: An APRN must have completed 24 months of supervision by an MD to qualify to be under delegation of an MD. Please confirm this status by contacting the Maine State Board Of Nursing at (207) 287-1133 or on the web site of the Board Of Nursing at <http://www.maine.gov/boardofnursing> and clicking on “Licensee Look-up”.

Due to the cost of processing this application, no refunds will be issued if the APRN is not qualified for the delegation status.

Please refer to Chapter 3 of the Board of Medicine’s Rules, which are available upon request by contacting the Medical Board, or at http://www.docboard.org/me/me_home.htm

An Advanced Practice Registered Nurse (APRN) practicing under delegation must hold a valid license and a **Certificate of Registration, which documents the supervision relationship**, as described in Chapter 3, Section 2, A of the Board’s Rules.

- A. **Initial Registration:** Before you begin employment, each APRN under delegation must be registered with a Primary Supervising Physician by filing a Form C registration with the Maine Board of Licensure in Medicine.

- B. **Advanced Practice Registered Nurse:** Physicians delegating authority to APRN’s working under supervision should, to avoid a late fee, submit a Form C registration accompanied by a Plan Of Supervision prior to the APRN beginning employment, but certainly within **14 days** of the effective date of the delegated relationship. The APRN may sign the Form C. **The Primary Supervising Physician is required to sign the Form C.** Effective January 1, 1998, a **\$100 late registration fee** will be assessed for a late registration. The physician is responsible to notify the Board when the supervising relationship ends.

- D. **Secondary Supervision:** In the temporary absence of the Primary Supervising Physician, the supervision of the named APRN must be transferred to another licensed physician. The secondary supervisor must designate in writing in the written Plan of Supervision his/her willingness to accept the responsibility and liability for the performance of the named APRN.

- E. **Termination:** You may use this form to notify the Board when the Primary Supervising Physician relationship has terminated. Please use a separate page if more space is needed. State the date of and reason for the termination and return the Board-issued Certificate of Registration after it has been signed by the Primary Supervising Physician.

- F. **Multiple Work Site:** This means you work for more than one employing entity, and not that you work in more than one location for the same entity.

FORM C: REGISTRATION OF ADVANCED PRACTICE REGISTERED NURSE RELATIONSHIP

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

APRN _____

_____ Maine License No

Primary Supervising Physician: _____

_____ Maine M.D. License No.

Primary Supervising Physician Email Address _____

Name/Address of Practice Setting: _____

SUPERVISION START DATE: _____

Tel: _____

Please check the appropriate box:

Fee

First time registration with a New Primary Supervising Physician
(The first time registration is valid only upon approval by the Board.) \$50

Change of Primary Supervising Physician relationship.*
**(Registering a new PSP and terminating a relationship with a former PSP.
Please refer to page 1, paragraph E, Termination.)** \$50

Renewal of Primary Supervising Physician relationship. \$50

Renewal of multiple Primary Supervising Physician relationships.
(Fee is per registration - not to exceed \$250 per registration period.) \$50 each

Renewal of Primary Supervising Physician relationship within 1 year of initial registration
of relationship. File with license renewal. \$25

*Termination of the Primary Supervising Physician relationship:

Name of Primary Supervising Physician: _____

Effective Date: _____

Reason for termination: _____

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ATTESTATIONS

PRIMARY SUPERVISING PHYSICIAN

I have read, fully understand, and accept the responsibilities and liability for the supervision of an Advanced Practice Registered Nurse as described in 32 M.R.S.A. § 3270-A and in the current Chapter 3 of the Rules of the Board of Licensure in Medicine. I affirm that a written Plan of Supervision addressing the technical requirements of supervision as set forth in Chapter 3, Section 5 of the Rules has been prepared and is available for inspection at the above named practice setting.

I hereby certify that to the best of my knowledge and belief the statements made in this application are true and correct.

Signature, Primary Supervising Physician

Date

Name Printed
