

**Regular Mailing Address**  
**STATE BOARD OF MEDICINE**  
**P.O. BOX 2649**  
**HARRISBURG, PA 17105-2649**  
**717-783-1400/717-787-2381**

**Courier Delivery Address**  
**STATE BOARD OF MEDICINE**  
**2601 NORTH THIRD STREET**  
**HARRISBURG, PA 17110**

## INITIAL COLLABORATIVE AGREEMENT FOR NURSE-MIDWIFE LICENSE

### IMPORTANT APPLICATION INFORMATION

1. This application is only used for entering into the first nurse-midwife collaborative agreement. A separate collaborative agreement must be submitted for each physician, physician group or service with which you will be entering into an agreement. A new application is required for each additional collaborative agreement. To register additional collaborative agreements, complete the application titled, **Additional Collaborative Agreement for Nurse-Midwife License**. If making changes to an existing collaborative agreement, complete and submit the **Collaborative Agreement Change Form**.
2. This application may be used to enter into a collaborative agreement with an allopathic or osteopathic physician licensed by the State Boards of Medicine or Osteopathic Medicine. The physician must have hospital privileges (or a formal arrangement for patient admission to a hospital) and shall practice in the specialty area of the care for which the physician is providing collaborative services. **This collaborative agreement will NOT include prescriptive authority privileges.**
3. **A copy of the collaborative agreement must be submitted with this application.**
4. Pennsylvania law requires you to maintain a copy of this application as well as your collaborative agreement.

**YOU MAY NOT PRACTICE UNDER THIS COLLABORATIVE AGREEMENT UNTIL THE REGISTRATION IS COMPLETE AND FILED WITH THE BOARD.**

### PLEASE PRINT OR TYPE

<b>NURSE-MIDWIFE NAME:</b>	Last	First	Middle
<b>NURSE-MIDWIFE LICENSE NO:</b>			
<b>COLLABORATING PHYSICIAN NAME:</b>	Last	First	Middle
<b>PHYSICIAN LICENSE NO:</b>			
<b>This agreement contains the details of the collaborative arrangement between myself and the below-signed collaborating physician with respect to the care of midwifery patients.</b>			
<b>NURSE-MIDWIFE SIGNATURE:</b>			Date
<b>This agreement contains the details of the collaborative arrangement between myself and the above-signed nurse-midwife with respect to the care of midwifery patients.</b>			
<b>COLLABORATING PHYSICIAN SIGNATURE:</b>			Date