✓MetroPlusHealth

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Clear Form

Nurse Practitioner Practice Attestation

Nurse Practitioner application must be accompanied by a practice attestation. Please review, complete, sign and date this attestation.

Section 1: Specialty

Identify the nurse specialty area(s) of nurse practitioner practice in which you are certified by the New York State Education Department:

☐ Acute Care ☐ Adult Health ☐ Family Health ☐ Obstetrics/Gynecology
☐ Pediatrics ☐ Psychiatry ☐ Women's Health

Section 2: Professional Practice

Please review and check either A or B below:

☐ (A) In accordance with New York State Law, I practice pursuant to a written practice agreement and practice protocol with a collaborating physician because I am a nurse practitioner with fewer than 3,600 hours of qualifying nurse practitioner practice experience.

☐ (B) In accordance with New York State Law, I do not practice pursuant to a written practice agreement and practice protocol with a collaborating physician because I am a nurse practitioner with 3,600 hours of qualifying nurse practitioner practice experience.

Provider's Signature

Print Provider's Name

Print Name of Group

Date Signed