

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
IPLA Executive Director

Cover Sheet for Advanced Practice Registered Nurse Collaborative Agreement

1. Name of Facility: _____
 2. Name of Advanced Practice Registered Nurse (APRN): _____
 3. Indiana License Number (APRN or RN – if pending): _____
 4. Type of Request (Check One): New Collaborative Agreement Additional Collaborative Agreement
 5. For changes to existing Collaborative Agreements or CSR practice location/license status, please choose from one of the options below and include a detailed cover letter on letterhead (clarifying exactly which physicians you are adding/deleting/keeping, which locations you are adding/deleting/keeping and the date the changes should take effect):
 - Add Collaborator to existing Agreement: _____
 - Delete Collaborator from existing Agreement: _____
 - Add location(s) to the existing Agreement: _____

 - Delete location(s) from existing Agreement: _____

 - Cancel Current CSR at practice location: _____

- ** Note: CSR will be switched to Current/Not Practicing status as a result
- Request to Update CSR with a new practice location: _____

 - Other (please include cover letter if need): _____

* Please Note: If you do not have a Controlled Substances Registration (CSR) and intend to administer and dispense controlled substances, you must apply for CSR. Please visit our website at <http://www.in.gov/pla/>; under the Menu, navigate to Profession >> Nursing Board >> Licensing Information >> Controlled Substances Registration.**