

**NOTICE OF  
COLLABORATING AGREEMENT  
Nurse Practitioner and Physician**

Unless submitting with Practitioner Enrollment  
Form EMEDNY-436801,  
Mail to:

eMedNY  
PO Box 4610  
Rensselaer, NY 12144-4610

Pursuant to Education Law Section 6902(3)(b), this form is **not** required if the Nurse Practitioner has more than 3,600 hours of qualifying nurse practitioner practice experience.

Name of Nurse Practitioner:

NPI of Nurse Practitioner:

Name of Collaborating Physician (who must be enrolled in NY Medicaid):

NPI of Physician:

Effective Date of Collaborating Agreement:

**CERTIFICATION**

In accordance with the requirements of the laws and regulations of the New York State Education Department, the two individuals signing below confirm they have established a written collaborative agreement and practice protocols.

\_\_\_\_\_  
Signature of Nurse Practitioner (original; no stamps)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Collaborating Physician (original; no stamps)

\_\_\_\_\_  
Date