

**Advance Practice Registered Nurse  
Collaborative Practice Agreement Attestation  
for  
Missouri Medicaid Provider Enrollment**

The Collaborative Practice Agreement (CPA) between

\_\_\_\_\_ *(Advanced Practice Registered Nurse)*

and

\_\_\_\_\_ *(Collaborating Physician)*

pertaining to practice locations at, operated by or associated with

\_\_\_\_\_ *(Health System and/or Hospital)*

comports with the provisions of 20 CSR 2200-4.200(4)(B) and is available for inspection by the Missouri Medicaid Audit and Compliance Unit (MMAC) at

\_\_\_\_\_ *(address where CPA can be viewed)*

during regular business hours. The hospital may retain CPA documents in either a physical (paper) or an electronic format.

MMAC accepts this attestation as evidence that the APRN referenced herein meets the Missouri Division of Professional Registration's licensure standards and Missouri Medicaid's provider enrollment qualifications. This attestation may be rescinded at any time and upon written notice by an authorized representative of the health system and/or hospital.

\_\_\_\_\_  
*Hospital Authorized Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Hospital Provider Enrollment Contact*

\_\_\_\_\_  
*Phone No.*

\_\_\_\_\_  
*Email*