

**Collaborative Practice Agreement Attestation
for
Missouri Medicaid Provider Enrollment**

The Collaborative Practice Agreement (CPA) between

_____ *(Assistant Physician)*

and

_____ *(Supervising 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 This attestation may be rescinded at any time and upon written notice by an authorized representative of the health system and/or hospital.

Assistant Physician

Date