

Psychiatric Mental Health Nurse Practitioner (PMHNP) Questionnaire and Attestation

Practitioner's Name:

Job Description (Please include site(s) of practice, population focus, age group, and anticipated scope of practice and/or job duties):

1. Provider is (choose all that apply):

- a. Certified as a NP by the CA Board of Registered Nursing
- b. Holds a National Certification in a recognized population focus by an accredited national certifying body (specify type):
- c. Does not hold a National Certification in a recognized population focus by an accredited national certifying body.

2. Parameters of anticipated practice:

- a. With a collaborating physician, under standardized procedures
- b. As a 103 PMHNP with medical leadership and organizational infrastructure as defined under Business and Profession Code Section 2837.103
- c. Other

3. Is provider certified as a 103 PMHNP?

Yes. The practitioner is certified as a 103 PMHNP. Proceed to Question 4

No. The practitioner is not/not yet certified/certifying as a 103 PMHNP.  
Proceed to Question 5

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4. For providers certified as a 103 PMHNP, the practitioner has acquired 40% or more of transition of practice hours in settings similar to anticipated work setting (i.e., age, diagnostic, clinical & therapeutic complexity) as evidenced by (specify):
5. For providers who are **not/not yet** certified/certifying as a 103 PMHNP. Since graduation and licensure, the provider has:

  - a. Acquired 3 full-time equivalent years of practice or 4600 hours. (Proceed to question 6)
  - b. Has **not** acquired 3 full-time equivalent years of practice or 4600 hours.
    - i. Provide estimated hours of experience since graduation:
    - ii. Provide estimated hours of experience since graduation for focused area.
6. For provider who are **not/not yet** certified/certifying as a 103 PMHNP, but with **3 full-time equivalent years of practice of 4600 hours**, since graduation and licensure, the provider has:

  - a. Acquired 40% or more of transition of practice hours in settings similar to anticipated work setting (i.e., age, diagnostic, clinical & therapeutic complexity) as evidenced by (specify):
  - b. Is working to acquire 40% of transition of practice hours in settings similar to anticipated work setting (i.e., age, diagnostic, clinical & therapeutic complexity) as evidenced by (specify):
    - i. Provide estimated hours of experience in focused area since graduation:

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Initial here

1. I attest that the above nurse practitioner at  
is working under standardized procedures and with a collaborating physician. I  
verify that the collaboration will occur under authorized statutory framework (see  
below), with no greater than 4:1 NP/Physician collaborating ratio.

**Standardized procedures**

- a. Adheres to all eleven steps of the Standardized Procedure Guidelines as specified in Title 16, CCR Section 1474.
- b. All Standardized Procedures are to be kept electronically in a central file by CBO and/or it's legal entity. Copies should be retained at each clinic employing one or more PMHNPs. This should include approval sheets dated and signed by the clinic Medical Director, Supervising Physician(s), and PMHNP(s) covered by the Standardized Procedures.
- c. All Standardized Procedures are to be reviewed periodically at a minimum of every three years by PMHNPs, clinic Medical Directors and designated Supervising Physicians.

Initial here

2. I attest that a copy of the PMHNP/Physician collaborative agreement was submitted at the time of credentialing.

Initial here

3. For 103 PMHNPs, I attest that the practitioner scope and function will be governed by and in accordance with medical leadership and organizational infrastructure as specified under Business and Profession Code Section 2837.103

Initial here

4. I attest that the above organization has instituted a 'sliding scale' approach to collaboration and oversight, corresponding to the nurse practitioner's training and experience.

This will include (but is not limited to):

- a. Direct clinical interaction with the client
- b. Just in time consultation for complex cases
- c. Regular meetings with PMHNP to discuss panel/cases
- d. Chart review
- e. Proctorship
- f. Referrals to physician as statutorily required

Name

Authorized Signatory

Title