



**INITIAL APP and Supervising Physician Collaboration
REVIEW OF CLINICAL ISSUES AND QUALITY IMPROVEMENT DOCUMENTATION**

The APP and supervising physician will meet monthly for the initial six months of collaboration with a new supervising physician, and then at least once every six months thereafter to maintain ongoing collaboration with same supervising physician.

Month #: **of 6**

Date:

Relevant Clinical Issues Discussed:

Quality Improvement Measures Discussed (including desired time frame):

Other Relevant Issues Discussed:

Signature of Primary Supervising Physician: _____ **Date:**

Signature of Advanced Practice Provider: _____ **Date:**

**ONGOING COLLABORATION
REVIEW OF CLINICAL ISSUES AND QUALITY IMPROVEMENT DOCUMENTATION**

Semiannual Review

Date:

Relevant Clinical Issues Discussed:

Quality Improvement Measures Discussed (including desired time frame):

Other Relevant Issues Discussed:

Signature of Primary Supervising Physician: _____

Date:

Signature of Advanced Practice Provider: _____

Date: