<table>
<thead>
<tr>
<th>State</th>
<th>Practice Agreement Required</th>
<th>Transition-to-Practice Requirement</th>
<th>Physician Meeting Requirement</th>
<th>On-Site/In-person Physician Oversight Required</th>
<th>Specified Physician to NP Collaboration Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Yes</td>
<td>-</td>
<td>Yes - Physician must visit each practice site 4 times a year.</td>
<td>Yes - Physician must be on-site for 10% of the NP's hours.</td>
<td>Yes - 3 FTE NPs per physician*</td>
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<td>Alaska</td>
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<td>California</td>
<td>Yes*</td>
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<td>No</td>
<td>No</td>
<td>Yes - 4 NPs per physician*</td>
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<tr>
<td>Colorado</td>
<td>No</td>
<td>Yes - APRN must complete 1000 hours in a mentorship with a physician or an advanced practice nurse who has prescriptive authority and experience in prescribing medications; see CO Statute 12-38-111.6(4.5)(b)(1)(A).</td>
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<tr>
<td>Connecticut</td>
<td>No</td>
<td>Yes - APRN must practice in a formal, written collaborative agreement with a physician for three years and 2000 hours; APRN may then elect to practice independently or remain in collaboration with a physician or another health care provider; see CT Statute 20-87a(b)(3).</td>
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<td>Delaware</td>
<td>Yes*</td>
<td>Yes - New graduate APRN must practice under a collaborative agreement for at least two years and 4,000 hours in the applicable role and population foci; see 24 Del. Admin Code § 1900-8.16(1).</td>
<td>No</td>
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<td>Florida</td>
<td>Yes</td>
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<td>No</td>
<td>No</td>
<td>No - The number of APRNs supervised is limited based upon several factors.</td>
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<td>Georgia</td>
<td>Yes</td>
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<td>No</td>
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<td>Yes - 4 NPs per physician*</td>
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<td>Illinois</td>
<td>Yes</td>
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<td>Yes - Once a month, in person.</td>
<td>No</td>
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<td>Maryland</td>
<td>No</td>
<td>Yes-NP can obtain full practice prescriptive authority after consulting and collaborating with an NP or physician mentor for 18 months; see MD Statute 8-302(b)(5)(i).</td>
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<td>Yes</td>
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<td>Yes - Once every 3 months, in person.</td>
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<td>Missouri</td>
<td>Yes</td>
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<td>No</td>
<td>Yes - NP must practice for one month with the physician continuously present.</td>
<td>Yes - 3 FTE NPs per physician*</td>
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<td>No</td>
<td>Yes - New graduate NP must complete 2000 hours under a collaborative agreement with a physician or an established APRN before obtaining full practice prescriptive authority; see NE Statute 38-2322(2).</td>
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<td>Nevada</td>
<td>No</td>
<td>Yes - APRN must have at least 2 years or 2000 hours of clinical experience in order to prescribe; see NV Statute 632.237(3)(a).</td>
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<td>New York</td>
<td>Yes</td>
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<td>No</td>
<td>No</td>
<td>Yes - 4 NPs at other sites than the physician</td>
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<td>North Carolina</td>
<td>Yes</td>
<td>No</td>
<td>Yes - Once a month for the first 6 months of the CPA, and once every 6 months thereafter.</td>
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<td>Ohio</td>
<td>Yes</td>
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<td>Yes - Annual review by the physician, following a chart review.</td>
<td>No</td>
<td>Yes - 3 prescribing NPs per physician</td>
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<td>State</td>
<td>Yes</td>
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<td>No</td>
<td>No</td>
<td>Rule</td>
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<td>Oklahoma</td>
<td>Yes</td>
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<td>No</td>
<td>No</td>
<td>Yes - 2 FTE NPs, or 4 NPs, per physician</td>
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<td>Pennsylvania</td>
<td>Yes</td>
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<td>No</td>
<td>Yes - Physician must be available on a &quot;regularly scheduled basis.&quot;</td>
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<td>No</td>
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<td>South Carolina</td>
<td>Yes</td>
<td>-</td>
<td>No</td>
<td>No</td>
<td>No - If a physician supervises more than 3 NPs, the Board of Nursing must review the application to determine if there is &quot;adequate supervision.&quot;</td>
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<tr>
<td>South Dakota</td>
<td>Yes</td>
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<td>No</td>
<td>Yes - 4 FTE NPs per physician</td>
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<td>Tennessee</td>
<td>Yes</td>
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<td>No</td>
<td>No - Review can be done remotely through electronic means.</td>
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<td>Yes</td>
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<td>Yes - 7 FTE NPs per physician</td>
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<td>Virginia</td>
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<td>No</td>
<td>Yes - 6 NPs per physician</td>
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<td>No</td>
<td>Yes - CPA must include &quot;periodic and joint&quot; evaluation and review.</td>
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</table>

*Rule includes exceptions; see Nurse Practitioner Prescribing Laws dataset for more details.*