#### *Sample*

#### FAMILY PLANNING EXPANDED ROLE REGISTERED NURSE

#### COLLABORATION OF AGREEMENT

Expanded Role Registered Nurses (**ERRN**) in Family Planning is an essential component of providing quality continuation of reproductive health care in a timely manner. Family Planning Expanded Role Registered Nurses are able to provide routine gynecological cancer detection services and contraceptive method assessment to family planning clients on behalf of the delegated physician or advanced registered professional nurse.

The signature(s) below indicate a mutual agreement between the delegating physician(s), the Advanced Practice Registered Nurse(s)-APRN, and the registered professional nurse(s) who are authorized to perform the following delegated medical acts:

**ROUTINE**:
a.) Pelvic exam;
b.) Pap smear;
c.) Bimanual exam;
d.) Clinical breast exam; and
e) Family Planning Services and Contraceptive Method Assessment

**Signatures appearing on this page**:

1. Have a current license to practice registered nursing within the state of Kentucky;
2. Have completed the designated didactic and clinical training and the required preceptorship through the Kentucky Department for Public Health Family Planning Program. Such training is documented in the nurse’s personnel files.

This collaborative practice agreement is entered into this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

20\_\_\_\_\_ by and between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MD or APRN, and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN.

**We mutually agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RN has the authority to provide expanded role gynecological cancer detection services to family planning clients within the scope of licensed practice**.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RN **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MD or APRN **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_