



ADAP Advanced Practice Registered Nurse (APRN) Provider Application

Date of Application:

APRN full name and credentials:

APRN practice name
and address:

APRN phone number:

Email:

GA RN license number:

APRN NPI number:

Delegating Physician full name and credentials:

Physician
practice address:

Physician phone number:

Email:

GA Physician license number:

NPI number:

Physician has experience in caring for clients with HIV?

☐ Yes

☐ No

Physician is an ordering physician for ADAP?

☐ Yes

☐ No

Complete this section for Initial Application:

1) Number of HIV patients managed in the past 24 months:

2) APRN's current Georgia Composite Medical Board (Board) approved Nurse Protocol Agreement with letter of review (attach complete copy with Board approval letter)

3) HIV-specific continuing education (HIV care, HIV prevention, HIV pharmaceuticals), at least 30 credits required within the past 24 months from Georgia Board of Nursing accepted providers, in minimum increments of at least 0.5 contact hours, including at least 3 contact hours in HIV pharmaceuticals (attach evidence of contact hours earned)

4) National HIV certification? (*not required*)

☐ Yes (attach copy)

☐ No

Complete this section for Renewal Application of current ADAP APRN Provider:

1) Number of HIV patients managed in the past 12 months:

2) APRN's current Georgia Composite Medical Board (Board) approved Nurse Protocol Agreement (attach complete copy with Board approval letter, if changed since last submitted for ADAP provider approval OR signature page only, if no changes)

3) HIV-specific continuing education (HIV care, HIV prevention, HIV pharmaceuticals), at least 15 contact hours required subsequent to last ADAP Provider's approval date from Georgia Board of Nursing accepted providers in minimum increments of at least 0.5 contact hours, including at least 1.5 contact hours in HIV pharmaceuticals. (attach evidence of contact hours earned)

4) National HIV certification? (*not required*)

☐ Yes (attach copy)

☐ No

Applicant's Signature:
digital OR print-sign-return
scanned application