

## Advanced Practice Provider (APP) QA – Chart Review FORM B

**THIS FORM TO BE FILLED OUT BY ADVANCED PRACTICE PROVIDERS (APPs) ONLY**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Supervising/Collaborating Physician: \_\_\_\_\_

Signature of Supervising/Collaborating Physician: \_\_\_\_\_

**APRN-CRNAs are only required to complete Patient ID (E#) and date on the grid below**

Patient ID (E#)	Date	Medical History & Physical	Diagnosis/Treatment Plan	Prescriptions	SCA/SA Policies	Consult Complex Cases	New Technology

Maintain HIPAA Compliance by using E#

**OPPEs are due twice a year - Jan 1 and July 1. The case logs should be within the six (6) months of the current OPPE cycle. The OPPE due on July 1 should have logs from Jan 1 - June 30. The OPPE due on Jan 1 should have logs from July 1 – Dec 31 of the current year.**