OUTREACH HEALTH SERVICES, INC,

Nurse Practitioner

Position Description

General

Provides general medical care and treatment to patients in medical facility, such as clinic, health center, or public health agency, under direction of physician.

Duties:

Performs physical examinations and preventive health measures within prescribed guidelines and instructions of physician.

Orders, interprets, and evaluates diagnostic tests to identify and assess patient's clinical problems and health care needs.

Provides Health Education foe patients.

Records physical findings, and formulates plan and prognosis, based on patient's condition.

Collaborates any patient case with physician and other help professionals to prepare comprehensive patient care plan. (Care Plan Manager in EMR)

Submits health care plan and goals of individual patients for periodic review and evaluation by physician.

Prescribes or recommends drugs or other forms of treatment such as physical therapy, inhalation therapy, or related therapeutic procedures.

May refer patients to physician for consultation or to specialized health resources for treatment.

Assist with own chart audits and Peer Review Audits.

In order to be licensed as an Advanced Practice RN (APRN) in the state of Mississippi the APRN must have*:

- Graduated from a national approved school of nursing with a masters degree or higher;
- Taken and passed a national certification exam in the area of your practice;

*Mississippi State Board of Nursing

- Submitted an initial application with all appropriate documents approved prior to practicing;
- Completed a 720 hours residency that was monitored by either a licensed physician or certified APRN and evidence of this must be submitted to the Board of Nursing and accepted in order to begin unmonitored practice and be eligible to apply for controlled substance privilege;
- Application renewed every two (2) years October- December of even numbered years.*

I have read the above Job Description and will perform the duties to the best of my ability.

_____   _____
Signature   Date

*Mississippi State Board of Nursing