

Nina Baker-Tillman, RN

PMHNP-BC Student | Chamberlain University | APRN Candidate

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Fruit Cove, Florida 32259 | NPI on File | NSO Insured

2026

Dear Prospective Collaborating Physician,

My name is Nina Baker-Tillman. I am a Registered Nurse and Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC) student completing my capstone course at Chamberlain University. I am sharing this proposal to introduce myself and invite your consideration of a Collaborative Practice Agreement (CPA), as required under Florida Statute §464.0123 for Advanced Practice Registered Nurses practicing in the state of Florida.

I am seeking a board-certified psychiatrist who is willing to serve as my collaborating provider as I complete my clinical requirements and transition into independent APRN practice. I believe a collaborative relationship would be mutually beneficial and would allow us to together address the significant mental health care shortage facing Northeast Florida.

ABOUT ME

I am currently in the final capstone phase of the MSN-PMHNP program at Chamberlain University, one of the nation's leading nursing education institutions. My clinical training has provided me with a strong foundation in:

- Comprehensive psychiatric evaluations and mental status examinations
- Psychopharmacology and medication management for anxiety, depression, ADHD, PTSD, bipolar disorder, and psychotic disorders
- Individual and group psychoeducation
- Evidence-based treatment planning aligned with DSM-5-TR criteria
- Risk assessment and crisis intervention protocols
- Telehealth delivery of psychiatric services

In addition to my academic preparation, I maintain the following active credentials:

- Advanced Cardiac Life Support (ACLS), American Heart Association
- Basic Life Support (BLS), American Heart Association
- Professional Liability (Malpractice) Insurance, NSO, Nurses Service Organization
- National Provider Identifier (NPI), Active

WHAT I AM PROPOSING

I am requesting a Collaborative Practice Agreement that complies fully with Florida Statute §464.0123 and the Florida Board of Nursing Administrative Code. The agreement would outline:

1. The scope of my APRN practice including patient population, clinical setting, and services provided
2. Consultation protocols specifying when and how I will consult with you on complex or high-acuity cases
3. Prescriptive authority parameters for psychotropic medications in accordance with Florida law
4. Chart review schedule: I propose a quarterly review of a representative sample of patient records, at a frequency and method convenient to your schedule
5. Emergency coverage and referral procedures
6. Duration of the agreement and provisions for renewal or termination

I am happy to use a standard CPA template or to work with your legal or administrative team to draft an agreement tailored to your practice preferences. I am also open to discussing reasonable compensation for your oversight role.

WHAT THIS MEANS FOR YOU

I want to be transparent about what serving as a collaborating physician entails and what I am asking of you:

- Your role is primarily one of availability for consultation, not day-to-day supervision of my clinical work
- The time commitment is minimal and flexible, typically amounting to periodic chart reviews and on-call availability for complex clinical questions
- You would not be held liable for my independent clinical decisions made within my scope of practice, as I carry my own malpractice insurance through NSO
- Florida law permits you to collaborate with up to four APRNs simultaneously, and our agreement would not restrict your other professional activities
- Many collaborating physicians find this arrangement professionally rewarding as an opportunity to mentor the next generation of psychiatric providers

FLORIDA LEGAL CONTEXT

Florida Statute §464.0123 requires APRNs who prescribe controlled substances to maintain a written collaborative practice agreement with a licensed Florida physician. The statute specifies that the collaborating physician is not responsible for the APRN's independent clinical decisions and that the APRN must maintain their own professional liability insurance, both of which I fully satisfy.

The agreement must be in writing, signed by both parties, and made available to the Florida Board of Nursing upon request. I am prepared to ensure full compliance with all statutory requirements and to provide you with a draft agreement for your review and legal counsel's consideration.

CLOSING

I would be deeply grateful for the opportunity to connect with you about this proposal. Your willingness to collaborate would make a meaningful difference, both in my professional development and in the lives of patients in our community who are waiting for mental health care.

My curriculum vitae is available on this website for your review. Please feel free to reach me directly at nina@ninabakertillman.com or (904) 793-5451 at your convenience.

Thank you sincerely for your time and consideration.

Warm regards,

Nina Baker-Tillman, RN

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nina@ninabakertillman.com | (904) 793-5451

Collaborating Physician Signature & Printed Name, MD / License #

Date

APRN Signature, Nina Baker-Tillman, PMHNP-BC

Date