ClinicOps

FREE CHECKLIST

NP and PA Onboarding Checklist

Every step from signed offer to a full schedule for a nurse practitioner or physician assistant, with the agreement your state requires.

Fill this in for each new nurse practitioner or physician assistant. It counts back from the first patient day (day one): day minus 60 means 60 days before. The track a physician hire does not have is the agreement your state requires: signed, filed and kept up.

41%
projected growth in nurse practitioner jobs, 2025 to 2035, against 4% for physicians
BLS, 2026

23
states that reduce or restrict NP practice on AANP's 2026 map (12 reduced, 11 restricted)
AANP, 05/2026

201,038
board certified PAs at the end of 2025, up 5.9% in a year
NCCPA, 2026

1. Fill in the header below, then write a date next to each line from its timing. Start with the agreement lines: they are the ones most often missed.
2. Tick each line as it is done. The day-one readiness score on page 5 tells you whether to book patients.
3. Run the paid-time worksheet on page 5 once the ramp is set, and again at day 30.

Provider reference: _____ Role (NP or PA): _____

State: _____ Collaborating physician ref: _____

First day of work: _____ First patient day: _____

Offer and plan

- [ ] **N-01 Confirm the first day of work and the first patient day in writing, and name the collaborating or supervising physician.**
  Owner physician, day minus 120.
- [ ] **N-02 Read your state board's current rule for this role: agreement type, who signs, physician limits, board notices, prescribing authority.**
  Practice manager, day minus 120. NP rules come from the board of nursing; PA rules from the medical or PA board. AANP's 2026 map counts 23 states that reduce or restrict NP practice.
- [ ] **N-03 Screen the provider against the OIG exclusion list (LEIE) and your state's list; save the dated result.**
  Practice manager, day minus 110. OIG: health care entities should check new hires against the LEIE.
- [ ] **N-04 Collect the start file: CV, every license held, national certification, DEA certificates, training certificates, government ID.**
  Practice manager, day minus 110.

License and certification

- [ ] **N-05 Apply for the state license: NP, the APRN license from the board of nursing; PA, the license from the state's medical or PA board.**
  New provider, day minus 100. NPs must be licensed in their state and pass a national certification exam (BLS, 2026).
- [ ] **N-06 Verify national certification is current and record its expiry date.**
  Practice manager, day minus 60. PAs earn 100 CME credits every 2 years and pass a recertification exam by the end of year 10 (NCCPA).
- [ ] **N-07 File copies of the license and certification and enter both expiry dates in the renewal tracker.**
  Practice manager, day minus 21.

The agreement

- [ ] **N-08 Draft the agreement in the form your state names: standard care arrangement, protocol, prescriptive authority agreement or practice agreement.**
  Owner physician, day minus 60.
- [ ] **N-09 Check the physician's limits before naming them (Ohio: 5 APRNs in prescribing at once; Virginia: 6 PAs; Texas: 7 full-time equivalents).**
  Practice manager, day minus 60. ORC 4723.431(A); Va. Code 54.1-2952(A); Tex. Occ. Code 157.0512(c).
- [ ] **N-10 Both parties sign and date the agreement; keep it where your state requires.**
  Owner physician, day minus 30. Florida: on site at each practice location (Fla. Stat. 464.012(3)). Ohio: on file with the employer (OAC 4723-8-04(E)).
- [ ] **N-11 File every board notice your state requires, on time.**
  New provider, by day 30. Florida: the physician files within 30 days (Fla. Stat. 458.348(1)). Ohio: the APRN reports the collaborating physician within 30 days of starting practice (OAC 4723-8-04(H)).
- [ ] **N-12 Put the agreement's recurring duties on the calendar: meetings, chart review, the annual review.**
  Practice manager, day minus 7. Texas: monthly meetings, documented; annual review, dated and signed (Tex. Occ. Code 157.0512(f), (m)).

Controlled substances and systems

- [ ] **N-13 Confirm the 8 hours of substance use disorder training before the DEA application.**
  New provider, day minus 80. One-time affirmation on the first DEA application on or after June 27, 2023 (DEA letter, 2023).
- [ ] **N-14 If your state lets this role prescribe controlled substances, file the DEA registration (Form 224) as a mid-level practitioner for this state.**
  New provider, day minus 75. 21 CFR 1300.01 names NPs and PAs as mid-level practitioners; $888 for 3 years (21 CFR 1301.13).
- [ ] **N-15 Complete EPCS identity proofing and get the two-factor credential.**
  New provider, day minus 30. 21 CFR 1311.105.
- [ ] **N-16 Two designated people grant the EPCS signing permission after checking the DEA registration and state authority.**
  Owner physician, day minus 7. 21 CFR 1311.125(a) to (c): one approver must be a DEA registrant.
- [ ] **N-17 Request the EHR account with the role, co-signature and routing rules the agreement sets.**
  IT or EHR admin, day minus 45.

- [ ] **N-18 If the provider will see hospital patients, request the hospital's application for advanced practice providers.**
  Practice manager, day minus 100.
- [ ] **N-19 Build scheduling templates and visit types that match the provider's scope.**
  Front desk lead, day minus 30.
- [ ] **N-20 Set up email, phone, keys, badge, website profile and online listings.**
  Practice manager, day minus 14.

Employment and training

- [ ] **N-21 Send the employment paperwork, payroll forms and the employee handbook.**
  Payroll or HR, before work starts.
- [ ] **N-22 Form I-9: Section 1 by the first day of work; Section 2 within 3 business days.**
  Payroll or HR, first day of work. USCIS, 2026.
- [ ] **N-23 Bloodborne pathogens training before the first task with exposure; offer the hepatitis B vaccine within 10 working days.**
  Clinical lead, first day of work. 29 CFR 1910.1030(g)(2)(ii)(A) and (f)(2)(i).
- [ ] **N-24 HIPAA privacy and security training; sign the confidentiality acknowledgment.**
  Practice manager, first week. 45 CFR 164.530(b)(2)(i)(B): within a reasonable period after joining.
- [ ] **N-25 Orientation with the collaborating physician: when to consult, when to escalate, how co-signatures and chart review work.**
  Owner physician, first week.
- [ ] **N-26 Shadow the collaborating physician and the medical assistant team for at least one clinic session.**
  Clinical lead, first week.

First 90 days

- [ ] **N-27 Set the schedule ramp and open the first weeks for booking.**
  Practice manager, day minus 30.
- [ ] **N-28 Day 7 check-in: what is blocking, what is missing, what is slow.**
  Practice manager, day 7.
- [ ] **N-29 Day 30 review with the collaborating physician: chart review findings, questions, schedule fill against the ramp.**
  Owner physician, day 30.
- [ ] **N-30 Day 90 review: full schedule reached, agreement duties on the calendar? File the record; keep the I-9 in its own file.**
  Owner physician, day 90. I-9: 3 years after hire or 1 year after the job ends, whichever is later (8 CFR 274a.2).

The agreement: four state examples

Examples checked on Nov 18, 2026, not a 50-state survey. Read your own board's current rule before you sign and write it in the last row.

State and role	What the rule says	What the practice does	Source
Ohio, APRN	Standard care arrangement; a physician may collaborate with no more than 5 APRNs in prescribing at the same time	Keep the signed arrangement on file; the APRN reports the collaborating physician within 30 days of starting practice	ORC 4723.431(A); OAC 4723-8-04(E), (H)
Florida, APRN	Practice under a protocol kept on site at each location, unless registered for autonomous practice	Physician files notice with the board within 30 days of the protocol and of its end	Fla. Stat. 464.012(3); 458.348(1)
Texas, APRN and PA	Prescriptive authority agreement; no more than 7 APRNs and PAs, or their full-time equivalent, per physician	Monthly documented meetings; review, date and sign the agreement at least yearly; show it to the board within 3 business days of a request	Tex. Occ. Code 157.0512(c), (f), (m)
Virginia, PA	Practice agreement; no physician on a patient care team with more than 6 PAs at a time	Write what the PA may do into the practice agreement	Va. Code 54.1-2952(A)
Your state: _____			

When it goes wrong

If	Then
The named physician is already at the state limit	Name another collaborating physician before day one; do not start the provider under an agreement that breaks the cap.
The collaborating physician leaves or dies	Read your state's rule for a replacement at once; narrow what the provider does until a new agreement is signed.
The license or certification is not verified a week before day one	Move day one. Orientation and training can go ahead.
The DEA registration has not arrived	Controlled-substance prescriptions go to a registered colleague under your clinical policy. Nobody signs with another person's registration or credential (21 CFR 1311.125).
The provider moves from another state	A DEA registration covers one state: file in the new state (21 CFR 1301.12).
The board notice deadline passes	File the same day, note what happened and ask counsel what else is needed.
The provider adds a second site	Check site limits first. Florida: a physician may supervise 4 offices beyond the primary one in primary care, 2 in specialty care (Fla. Stat. 458.348(3)).
The screening finds the provider on the LEIE	Stop and call counsel. The provider does not start while it is unresolved.

Day-one readiness score

Tick each gate the week before day one. Score one point per gate. Any gap in gates 1 to 6 means the provider should not see patients yet: move day one, keep the orientation week.

- [ ] **1. State license issued and verified on the board's site (NP: APRN license; PA: medical or PA board license).**
- [ ] **2. National certification verified, with its expiry date recorded.**
- [ ] **3. Agreement signed by both parties and kept where the state requires.**
- [ ] **4. Board notice filed, or calendared inside the state's deadline.**
- [ ] **5. The named physician is inside the state's limits for this role.**
- [ ] **6. OIG and state exclusion checks clear and saved.**
- [ ] **7. DEA registration and EPCS live, if the role prescribes controlled substances.**
- [ ] **8. EHR access with co-signature and routing set to the agreement.**
- [ ] **9. Form I-9 complete.**
- [ ] **10. Bloodborne pathogens and HIPAA training done.**

Score (of 10): _____ **Date scored:** _____

What the wait and the ramp cost

Every paid week before the schedule fills costs the provider's weekly pay. BLS medians for May 2025: nurse practitioners $132,300 a year (about $2,544 a week), physician assistants $135,880 (about $2,613). Use your own contract figure.

Line	How to work it out	Example (NP)	Yours
A. Weekly pay	Annual pay / 52	$2,544	$_____
B. Paid weeks before day one	Orientation, plus any weeks waiting on the license or agreement	1.0	_____
C. Open weeks in the ramp	Add (1 minus booked share) for each of the first 13 weeks	1.7	_____
D. Paid time with no patients	A x (B + C)	$6,869	$_____

Example ramp: 50% of a full schedule for two weeks, 75% for two, 90% for two, then full, which leaves 1.7 open weeks. That ramp is ClinicOps advice, not a benchmark. ClinicOps calculation from BLS May 2025 pay; salary only.

The guide behind this checklist has the state notes, a worked example and the physician version: clinicops.us/guides/new-provider-onboarding-checklist. To track every agreement, its signatures, notices and review dates, use the collaborative practice agreement tracker.

Keep it safe

This checklist holds a provider reference, dates and pay figures, and no patient information. Keep the filled-in copy with the provider's employment records, not in a shared folder, and keep the I-9 in its own file. It is an operations tool, not legal advice: your board's rule and counsel decide.

Sources

Checked against the original source on Nov 18, 2026. Rules and figures change: confirm anything time-sensitive on the source page.

1. BLS Occupational Outlook Handbook: NPs (336,300 jobs in 2025, 41% growth to 2035, median $132,300, national certification); PAs (168,900 jobs, 21%, $135,880); physicians (4%) (Aug to Oct 2026). bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitione

2. AANP 2026 State Practice Environment map (ClinicOps count: 27 states plus DC full, 12 reduced, 11 restricted) (05/2026). storage.aanp.org/www/documents/advocacy/State-Practice-Environment.pdf

3. NCCPA: 201,038 board certified PAs, up 5.9% (2025 Statistical Profile); 100 CME per 2 years, exam by year 10 (May 13, 2026). nccpa.net/maintain-certification/

4. Ohio: ORC 4723.431(A) via Ohio Board of Nursing APRN FAQs; OAC 4723-8-04 (Mar 20, 2025; Feb 1, 2022). law.cornell.edu/regulations/ohio/Ohio-Admin-Code-4723-8-04

5. Florida: Fla. Stat. 464.012(3) and 458.348(1), (3) (2026). flsenate.gov/Laws/Statutes/2026/458.348

6. Texas: Tex. Occ. Code 157.0512(c), (f), (m) (as amended 2019). texas.public.law/statutes/tex._occ._code_section_157.0512

7. Virginia: Va. Code 54.1-2952(A) (Nov 17, 2026). law.lis.virginia.gov/vacode/title54.1/chapter29/section54.1-2952/

8. DEA: 21 CFR 1300.01, 1301.12, 1301.13; 1311.105 and 1311.125 (EPCS); one-time 8-hour training letter (2023) (eCFR, current). ecfr.gov/current/title-21/section-1301.13

9. USCIS I-9 Central (Section 1 by day one; Section 2 in 3 business days); 8 CFR 274a.2 (retention) (Sep 2026). uscis.gov/i-9-central/completing-form-i-9/completing-section-2-employer-review

10. HHS OIG exclusions (screen new hires); 29 CFR 1910.1030 (bloodborne pathogens); 45 CFR 164.530 (HIPAA training) (Nov 2026). oig.hhs.gov/exclusions/

Where this checklist stops

It tells you every step. It cannot run them for you on a busy week, or keep the agreement current for years:

- **It cannot remind anyone: the dates only work if someone checks the list every week.**
- **It cannot read your board's rule for you, or tell you when it changes.**
- **It cannot keep the agreement's meetings, chart reviews and annual review happening after day 90.**
- **It cannot fill the new provider's schedule.**

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