

**LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.
JOB DESCRIPTION**

DATE ESTABLISHED: 11/09/98
DATE AMENDED: 02/24/21

TITLE OF POSITION: Outpatient Psychiatric Advanced Practice Nurse Practitioner (APRN)

POSITION NUMBER: 49

MINIMUM TRAINING AND EXPERIENCE REQUIREMENTS:

Master's degree in the psychiatric nursing clinical specialty area with preparation in psychiatric nurse practitioner skills; licensed as a Florida Advanced Practice Registered Nurse as defined in Chapter 464, Florida Statutes and must possess ANCC across the lifespan psychiatric certification or documented information regarding the capability to obtain this certification within six (6) months of employment.

Compliance with minimum standards for screening of mental health personnel as contained in F.S. 394.4572.

SUPERVISOR: General Clinical Supervision: In accordance with physician supervisory agreements and protocols filed with the Florida Department of Health Board of Nursing. Administrative Supervision: Program Director.

POSITIONS SUPERVISED: None

WAGE AND HOUR STATUS: Exempt: (Professional)
Non-exempt:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

ESSENTIAL FUNCTIONS (Essential functions of this position are listed below. The position also includes additional functions as needed and/or assigned by supervisor.)

OUTPATIENT CARE

1. Psychiatric evaluation and treatment planning.
2. Individual medical psychotherapy and pharmacologic management.
3. Confer with and advise staff, relative and other appropriate persons on the care, treatment and prognosis of the patient.
4. Provide medication teaching and education to patients.

CONSULTATION AND EDUCATION

1. Consult with other medical and non-medical personnel on clinical issues and individual patients.

ADMINISTRATIVE AND QUALITY MANAGEMENT

1. Document and report psychiatric services and activities within designated time frame.
2. Maintain compliance with guidelines and requirements of funding and accrediting agencies and professional psychiatric standards.
3. Complete appropriate forms and documentation of services as required for reimbursement.
4. Attend and participate on committees and work groups as assigned.

PROFESSIONAL GROWTH AND DEVELOPMENT

1. Compliance with professional licensing, credentialing and privileging requirements.
2. Compliance with mandatory staff training requirements.

TRAVEL

1. Travel required between clinics or other service sites.

Physical & Other Requirements:

Activity	Expectation		
Standing	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Sitting	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Driving vehicles	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Lifting and/or Carrying	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Bending and/or Stooping	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Climbing Stairs and/or Ladders	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Walking or Moving (between offices, other facilities, etc.)	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Frequent
Other (lift above waist/reaching etc., please explain)	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent

- Speaking: Yes No
 Hearing: Yes No
 Reading Comprehension: Yes No
 Repetitive motion with hands, wrists, arms (e.g keyboard, typing, handwriting, etc.) Yes No

Ability to lift and carry up to **20** pounds.

Ability to handle stressful situations: Minimal Moderate Frequent

	Infrequent	Occasional	Frequent	N/A*
Travel Same Day	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel Overnight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime (Non-Exempt only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Holidays/Weekends	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shift Work (PMs/Midnights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. ADA Accommodations will be reviewed for persons with disabilities. We reserve the right to assess undue hardship that results from the provided accommodation and may need to rescind such reasonable accommodation if undue hardship results.

Copy received by:

Employee **DATE:** _____

Supervisor **DATE:** _____