ALABAMA STATE BOARD OF MEDICAL EXAMINERS  
Request to Train for Critical Care Specialty Protocol Skills  

Complete this page with the required attachments to request approval to train the CRNP/PA to perform the skills indicated below.

Protocol Request for _______________________________________________________ CRNP/PA

1. Choose the procedures you wish to train your Mid-Level Practitioner to perform (# needed for certification)
   1. **Central Venous Line Insertion – Internal Jugular (10)**
   2. **Central Venous Line Insertion – Femoral (10)**
   3. **Central Venous Line Insertion-Subclavian (physician must be present) (50)**
   4. **Central Venous Line, Remove and Replace over Guide Wire (5)** (Only for those practitioners who have previously been approved or are requesting CVL placement, IJ and Femoral)
   5. **Central Venous Line, Removal- Percutaneous (10)**
   6. **Central Venous Line, Removal- Tunneled (10)**
   7. **Arterial Line Insertion-Femoral (10)**
   8. **Intra-Aortic balloon insertion (20)**
   9. **Radial Artery harvest (Cardiac Surgery Only) (20)**
   10. **Sternal Closure (Cardiac Surgery Only) (50)**
   11. **Thoracostomy tube insertion (Intra-operative only) (30)**
   12. **Thoracentesis (30)**
   13. **Primary Sternotomy (Cardiac Surgery Only) (50)**
   14. **Primary Thoracotomy (Cardiac Surgery Only) (50)**
   15. **Removal of Pacing Wires (30)** (CRNP Only)
   16. **Removal of Left Atrial Catheter (30)**
   17. **Removal of Mediastinal Chest Tubes (15)**
   18. **Removal of Pulmonary Artery Catheter (Swan-Ganz catheter) (30)**

2. **Attach protocols** including any contraindications and limits to the CRNP/PA being allowed to perform these procedures. Also include description of techniques and any energy device utilized during the performance of these procedures if applicable.

3. Upon Completion of the required number of supervised procedures: Submit the final documentation of training on the required form to BME (for CRNP and PA) and to ABN (for CRNP) for final approval to perform the skills independently.

   MD (print): ___________________________________________ License ________________________

   MD Signature: ___________________________________________ Date: _________________________

Training may not begin until you have been approved to train by the Alabama Board of Medical Examiners (PA and CRNP) and by Alabama Board of Nursing (CRNP). Supervised practice must be submitted within one (1) year of being approved to train

** Insertion of Tunneled Central Lines is NOT approved.