



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.

CRNP or PA Name: _____ License Number: _____

_____ **This PA/NP has been previously trained in the skills checked below and we wish to transfer the approval to perform these skills to our Collaborative/Registration Agreement. (Include copies of previously approved supervised practice)**

_____ **This PA/NP has been previously approved to train and requesting to transfer this approval to train.**

1. Choose the procedures you wish to train your APP to perform (# needed for certification)

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.

- _____ Central Venous Line Insertion –Internal Jugular (10)
- _____ Central Venous Line Insertion –Femoral (10)
- _____ Central Venous Line Insertion-Subclavian (physician must be present) (50)
- _____ Central Venous Line, Remove and Replace over Guide Wire (5) (*Only for those who have previously been approved or are requesting CVL placement, IJ and Femoral*)
- _____ Central Venous Line, Removal- Percutaneous (10) (**CRNP Only**)
- _____ Central Venous Line, Removal- Tunneled (10) **
- _____ Intra-Aortic balloon insertion (20)
- _____ Radial Artery harvest (Cardiac Surgery Only) (20)
- _____ Sternal Closure (Cardiac Surgery Only) (50)
- _____ Thoracostomy tube insertion (Intra-operative only) (30)
- _____ Thoracentesis (30)
- _____ Paracentesis (only under ultrasound guidance) (30, or any # greater than 30 to reach competency as determined by supervising physician)
- _____ Primary Sternotomy (Cardiac Surgery Only) (50)
- _____ Primary Thoracotomy (Cardiac Surgery Only) (50)
- _____ Removal of Pacing Wires (30) (**CRNP Only**)
- _____ Removal of Left Atrial Catheter (30)
- _____ Removal of Mediastinal Chest Tubes (15)
- _____ Removal of Pulmonary Artery Catheter (Swan-Ganz catheter) (30)
- _____ Removal of Intra-Aortic Balloon Pump (10)
- _____ Insertion of Non-Tunneled Central Venous Line Less than 14F **(**Limited to specific specialties as outlined in attached attestation statement**)

3. Upon completion 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.**