



Alabama Board of Medical Examiners

REQUEST FOR FTE TRANSITIONAL ALLOWANCE

ALABAMA ADMINISTRATIVE CODE

ASSISTANT TO PHYSICIAN- Chapter 540-X-7

ADVANCED PRACTICE NURSES: COLLABORATIVE PRACTICE-Chapter 540-X-08

Chapter 540-X-8-.12 (5) Limitations upon Utilization of Certified Registered Nurse Practitioners.

Chapter 540-X-7-.26 (4) Limitations upon Utilization of Physician Assistants (P.A.)

"A physician in a registration agreement/collaboration with a Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife(personnel) totaling 160 hours per week (four (4) FTEs) may request a transitional allowance increasing the total weekly hours for the purpose of orientation of the incoming PA,CRNP,CNM. The transitional allowance shall not exceed 45 days. The physician shall request the transitional allowance in writing and specify the starting date for this FTE allowance.

Please include a brief reason for needing this transitional FTE allowance.

Supervising/Collaborating Physician: _____

License Number: _____

PA/CRNP/CNM (Outgoing): _____

License Number: _____

PA/CRNP/CNM (Incoming): _____

License Number: _____

Date to begin the 45 day transitional allowance: _____

Physician printed name: _____

Physician signature: _____

You may scan and email (preferable) or fax this page after physician signature:

(CRNP/CNM) to Pat Ward: pward@albme.org Fax 334-269-2696 or Amy Wybenga: awybenga@albme.org

(PA) to Donna Jordan: djordan@albme.org Fax 334-240-2477

ALBME Staff Only:

Board Staff Approval on: _____ **by** _____

Transitional allowance expires on: _____