



ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

*Under Alabama Law, this document is a public record
and will be provided upon request.*

LPSP Covering Physician Agreement

As a covering (backup) physician providing medical direction and oversight for the below listed PA/CRNP/CNM, I hereby attest by signing this document, that:

- (1) I am familiar with the current rules regarding physician assistants, certified registered nurse practitioners and / or certified nurse midwives and their ability to prescribe controlled substances.
- (2) That I am familiar with the Approved Formulary for Qualified Alabama Controlled Substance Certificates concerning all protocols and medical regimens relating to an LPSP which have been adopted by the Board of Medical Examiners.
- (3) That I have a current and unrestricted Alabama Controlled Substance Certificate.
- (4) That I will be accountable for adequately providing medical direction and oversight for the prescribing of controlled substances by the physician assistant, certified registered nurse practitioner or certified nurse midwife.
- (5) I will assume all responsibility for the controlled substance prescribing of the physician assistant, certified registered nurse practitioner or certified nurse midwife during the temporary absence of the primary Collaborating or Supervising physician.

Choose One: PA CRNP/CNM

PA/CRNP/CNM Name _____

Collaborative Practice Agreement/Registration Agreement # _____

Collaborating/Supervising Physician Name _____

Collaborating/Supervising License # _____

Covering Physician Name _____

Covering Physician Medical Specialty _____

Covering Physician ACSC # _____

Covering Physician AL Medical License # _____

Phone number # _____

Covering Physician Signature

Date

Please submit to:
LPSP@albme.gov
OR

Mail to:
Alabama Board of Medical Examiners
ATTN: LPSP Coordinator
848 Washington Avenue
Montgomery, AL 36104