



## **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*

\_\_\_\_ This CRNP/PA has been previously trained in the skills checked below and we wish to transfer the approval to perform these skills to our collaborative agreement/registration agreement. (Include copies of previously approved supervised practice.)

\_\_\_\_ This CRNP/PA wishes to transfer the approval to train to this collaborative agreement/registration agreement and will continue with supervised practice.

Before beginning the initial training for a CRNP/PA to perform joint injections, the physician must request permission to do so from the Board of Medical Examiners. Complete this page to request approval to train the CRNP/PA to perform joint injections as part of the orthopedic specialty protocol request.

Request must include protocols as requested in item 2 for:

CRNP/PA Name \_\_\_\_\_  
Please Print

1. Select the procedures you wish to train the CRNP/PA to perform.

Injections of the following, according to the orthopedic specialty protocol:

____ Acromioclavicular Joint	____ Subacromial Bursa	____ Olecranon Bursa
____ Greater Trochanteric Bursa	____ Knee joint	____ Pes anserine bursa
____ Ankle/Hindfoot	____ Midfoot	____ Plantar Fascia
____ Other Foot Soft Tissue	____ Wrist/Hand	

2. Include your protocol for training as well as performance by the CRNP/PA. \*See the orthopedic specialty protocol table for inclusions and exclusions. Protocol templates are available upon request.

3. Standard Approval Language: *The orthopedic specialty protocol allows for the performance of injections to sites named in the orthopedic approval table with Board approved documentation of supervised practice completed under direct physician supervision. Total of ten (10) supervised injections for each site to be considered for approval and must be submitted within one year of approval to train. Five (5) injections for each site approved should be documented for annual maintenance of certification and this documentation may be kept at your practice location and available if asked to produce it. No more than three (3) injections per site, per patient may be performed within a twelve (12) month period; more than three (3) injections may be performed by the APP within a twelve (12) month period with physician approval and documentation in the patient record as to the need for any additional injection. APPs may request approval to perform orthopedic injections at remote site locations after documentation of supervised practice has been approved by the Board.*

Physician printed name: \_\_\_\_\_ License # \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Training may not begin until you have been approved to train by both the Alabama Board of Medical Examiners and the Alabama Board of Nursing (CRNP). APPROVAL TO TRAIN WILL LAPSE IF DOCUMENTATION OF SUPERVISED PRACTICE IS NOT RECEIVED WITHIN ONE (1) YEAR.**