



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Post Office Box 946
Montgomery, Alabama 36101-0946
848 Washington Avenue
Montgomery, Alabama 36104

William M. Perkins, Executive Director

Phone (334) 242-4116

**Statewide Criteria for Mid-Level Practitioners
Otolaryngology Procedures**

Procedures included:

1. Flexible Fiberoptic Diagnostic Laryngoscopy/Stroboscopy
2. Flexible Nasopharyngoscopy
3. Diagnostic Nasal Endoscopy (flexible and rigid)

Initial Requirements:

- Restricted to Otolaryngology practice
- CRNP or PA must have been working in the clinical setting of otolaryngology for no less than 6 months prior to making a request to train
- Observation of no less than 150 procedures (including normal /abnormal tissue distinction) of each procedure before requesting to train to perform the procedure
- Collaborating (CRNP) or supervising (PA) physician completes a request to train after observation period completed

Supervised Practice Requirements:

- CRNP or PA will perform and document 25 (each) proctored procedures for initial certification**
- CRNP or PA will perform and document no less than 25 procedures (each) for yearly to maintain certification (keep copies at your facility).

****Supervised practice must be submitted within one (1) year from being granted the approval to train.**

Supervised Practice Requirements:

Procedure	Number for initial certification	Number for annual maintenance of certification
Flexible Fiberoptic Diagnostic Laryngoscopy/Stroboscopy	25	25
Flexible nasopharyngoscopy	25	25
Diagnostic nasal endoscopy(flexible and rigid)	25	25

Adopted 2/21/2019



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**Otolaryngology Specialty Protocol
Request to Train**

CRNP Name: _____

License Number: _____

PA Name: _____

License Number: _____

_____ This PA/CRNP 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/CRNP has been previously approved to train and we wish to request to transfer this approval to train.

Collaborating or supervising physician must certify that the **initial requirements** have been met as follows:

_____ Practitioner has practiced in the clinical setting of otolaryngology for 6 months or greater

_____ Observation of no less than 150 procedures (including normal/abnormal tissue distinction) of **each procedure before** requesting to train to perform the procedure

In signing this form, I the collaborating /supervising physician certify the **initial requirements** have been met and I am requesting to train the above-named mid-level practitioner to perform the following skills in accordance with the State-wide criteria adopted by the Alabama Board of Medical Examiners:

_____ Flexible Fiberoptic Diagnostic Laryngoscopy/Stroboscopy (25)

_____ Flexible Nasopharyngoscopy (25)

_____ Diagnostic Nasal Endoscopy (flexible and rigid) (25)

Mid-level practitioner will submit documentation of supervised practice on the forms provided with the approval notice of 25 (each skill) proctored procedures for initial certification.

Supervising/Collaborating Physician Printed Name

License Number

Supervising/Collaborating 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 EXPIRE IF DOCUMENTATION OF SUPERVISED PRACTICE IS NOT RECEIVED WITHIN ONE (1) YEAR!**