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:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number for initial certification</th>
<th>Number for annual maintenance of certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Fiberoptic Diagnostic Laryngoscopy/Stroboscopy</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Flexible nasopharyngoscopy</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Diagnostic nasal endoscopy(flexible and rigid)</td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>

Adopted 2/21/2019
Otolaryngology Specialty Protocol
Request to Train

CRNP Name: __________________________________________ License Number: __________

PA Name: ____________________________________________ License Number: __________

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!**

Adopted 2/21/2018