



ALABAMA STATE BOARD OF MEDICAL EXAMINERS  
**Additional Skill Request Outside of Protocol**

CRNP/PA Name \_\_\_\_\_ License # \_\_\_\_\_

Collaborating/Supervising Physician Name \_\_\_\_\_ License # \_\_\_\_\_

Collaborating/Supervising Physician Specialty \_\_\_\_\_

NP National Certification \_\_\_\_\_

This is a request for the Advanced Practice Provider (APP) named above to begin training for (name the skill for which you are requesting to train):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Explain why this skill, which is outside of protocol, is needed. If necessary, provide additional details on a separate sheet.

Training may not begin until you have been approved to train by the Alabama Board of Medical Examiners (PA and CRNP) and by the Alabama Board of Nursing (CRNP).

Additional skills are not considered to be finally approved until the supervised practice is submitted and approved by the appropriate Board(s).

Supervised practice must be submitted within one (1) year of being approved to train.

\_\_\_\_\_  
Collaborating/Supervising Physician Signature

\_\_\_\_\_  
Date

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief. Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.