



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*

QACSC Covering Physician Agreement

As a covering (backup) physician providing medical direction and oversight for

_____ CRNP/CNM, by signing this document, I hereby affirm that:

- (1) I am familiar with the current rules regarding 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 a QACSC which have been adopted by the Board of Medical Examiners.

Collaborative Practice # _____ Collaborating Physician Name _____

- (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 certified registered nurse practitioner or certified nurse midwife.
- (5) I will assume all responsibility for the controlled substance prescribing of the certified registered nurse practitioner or certified nurse midwife during the temporary absence of the primary Collaborating physician.

Medical Specialty of Collaborating Physician _____

Medical Specialty of Covering Physician _____

Telephone number _____

Print Covering Physician Name

AL Medical License #

Covering Physician Signature

Date