



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Protocol Template

Completed form or questions may be emailed to APPDept@albme.gov.

If necessary, provide additional details on a separate sheet.

APP Name: _____ License # _____

APP Email Address: _____

Collaborating/Supervising Physician Name: _____ License # _____

Collaborating/Supervising Physician Specialty: _____

Practice site(s) where you are requesting the skill be performed by the APP: _____

Procedure Name (A protocol is required for each requested procedure): _____

Purpose of Procedure: _____

How many times per month is this procedure performed in your practice? _____

Description of Procedure (Give comprehensive details including technique or energy device to be used, if applicable. Include name of device, catheter, etc.) _____

What will be injected, if applicable: _____

Contraindications/Limits for allowing APP to perform the procedure: _____

Plan for Supervised Practice (including amount of procedures APP will perform for training and/or annual maintenance): _____

Plan for Physician Availability: _____

Provide whether an appropriate physician will be on site or off site when procedure is performed by APP:

On site

Off site

Plan for quality assurance/adverse outcome review (all adverse outcomes must be reviewed): _____

As the collaborating/supervising physician, do you perform this procedure on a routine basis? Yes No

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

Additional skills are not considered to be finally approved until the supervised practice is submitted and approved by the appropriate Board(s). Notification of final approval will be provided to the physician and APPs. Additional details and/or requirements of the Board's approval may be included on the notification provided.

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.