



ALABAMA STATE BOARD OF MEDICAL EXAMINERS
Request to Train for Critical Care Protocol Skills

Complete this page with the required attachments to request approval to train the CRNP/PA to perform the skills indicated below.

CRNP or PA Name: _____ License Number: _____

_____ This PA/NP 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/NP has been previously approved to train and requesting to transfer this approval to train.

1. Choose the procedures you wish to train your APP to perform (# needed for certification)

2. **Attach protocols** including any contraindications and limits to the CRNP/PA being allowed to perform these procedures. Also include description of techniques and any energy device utilized during the performance of these procedures if applicable. Insertion of Tunneled Central Lines is NOT approved.

- _____ Central Venous Line Insertion*† –Internal Jugular (10)
- _____ Central Venous Line Insertion*† –Femoral (10)
- _____ Central Venous Line Insertion*† –Subclavian (up to 9F, physician must approve and be immediately available) (15)
- _____ Intra-Aortic balloon insertion (10)
- _____ Radial Artery harvest (Cardiac Surgery Only) (5)
- _____ Sternal Closure (Cardiac Surgery Only) (30)
- _____ Thoracostomy tube insertion (Intra-operative only) (15)
- _____ Thoracentesis† (15)
- _____ Paracentesis† (10)
- _____ Primary Sternotomy (Cardiac Surgery Only) (30)
- _____ Primary Thoracotomy (Cardiac Surgery Only) (30)
- _____ Removal of Left Atrial Catheter (10)
- _____ Removal of Intra-Aortic Balloon Pump (5)

** Excludes dialysis, extracorporeal photopheresis (ECP), and extracorporeal membrane oxygenation (ECMO) **CRNP only***

† Requires ultrasound guidance

****Training may not begin until you have received written approval to train by the Alabama Board of Medical Examiners (PA and CRNP) and by Alabama Board of Nursing (CRNP).**

3. Upon completion of supervised procedures: Submit the final documentation of training on the required form to BME (for CRNP and PA) and to ABN (for CRNP) for final approval to perform the skills independently.

QUALITY ASSURANCE MONITORING REQUIRED: Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events. Advanced critical care skills/procedures must be included and documented in the quality assurance plan. Any adverse outcomes will be recorded and included in quality monitoring reviews.

MD (print): _____ License #: _____

MD Signature: _____ Date: _____