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)

† 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: _____