



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*

DISCLOSURE OF EXISTING SUPERVISORY AND COLLABORATIVE AGREEMENTS

In making an application for registration or a commencement for collaborative practice, the supervising or collaborating physician shall disclose to the Board of Medical Examiners the existence of all collaborative and supervisory agreements to which the physician is a party, including collaborative and supervisory agreements in other states. *See Ala. Admin. Rule 540-x-7-.26ER or Ala. Admin Rule 540-x-8-.12.*

Agreements with an individual certified registered nurse practitioner, certified nurse midwife, and/or assistant to physician in multiple states shall only be counted once for purposes of calculating the total number of full-time equivalent positions.

Are you currently collaborating with or supervising any combination of CRNPs, CNMs, and/or assistants to physicians?

YES _____ NO _____ If yes, please complete the following:

<u>Name of Advanced Practice Provider</u>	<u>Principal Practice Location</u>	<u>Total hrs. per week</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

This form should be completed by the supervising/collaborating physician and submitted with the application for registration of a physician assistant or the commencement of collaborative practice. Please attach additional pages if necessary.

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.

Print Name

Signature

Date