



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Post Office Box 946
Montgomery, Alabama 36101-0946
848 Washington Avenue
Montgomery, Alabama 36104

William M. Perkins, Executive Director

Phone (334) 242-4116

Otolaryngology Specialty Protocol for Advanced Practice Providers (APPs)

Submit completed form and protocol template to

APPDept@albme.gov
[Skills Protocol Template.pdf](#)

Purpose/Indication: The APP scope of practice includes the evaluation of patients for appropriateness of treatment, developing individualized treatment plans, ordering appropriate otolaryngology procedures in accordance with the treatment plan, monitoring and following up to assess the effectiveness of procedures, managing and correcting any adverse reactions, and adjusting treatment plans as needed in accordance with established guidelines and standards within the collaborative practice.

Physician Requirements:

- The collaborating/supervising physician must complete a request to train the APP.

Population Foci Exclusions (CRNP): Neonatal, Psychiatric-Mental Health CRNPs, and Certified Nurse- Midwives

Limitations:

- Otolaryngology procedures may only be performed within an otolaryngology practice setting
- APP must have worked in an otolaryngology clinical setting for no less than three (3) months prior to requesting to train

Education/Course Requirements:

- The APP must maintain on file readily retrievable documentation of procedures performed annually, including the documented training, education, and competency validation.

Training Requirements for Skill(s) or Procedure(s)

- The APP must observe no fewer than 150 of each procedure requested (including normal/abnormal tissue distinction) prior to requesting authorization to train to perform the procedure.
 - Observations may begin immediately upon employment.
- The collaborating/ supervising physician completes a request to train the APP after the observation period is completed.

Supervised practice must be submitted to the Board within one (1) year of approval to train, or the approval to train will lapse.



Skills/Procedures	Observations if Indicated	Number Required for Total	Annual Maintenance Requirement
<ul style="list-style-type: none"> • Flexible Fiberoptic Diagnostic Laryngoscopy/ Stroboscopy • Flexible Nasopharyngoscopy • Diagnostic Nasal Endoscopy (flexible and rigid) 	Observe no less than 150 of each procedure requested	Perform 25 procedures under the direct supervision of the collaborating or covering physician for each procedure requested	No less than 15 procedures annually to maintain competency for each procedure requested

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. [BME 540-X-8-.08(8); BME 540-X-7-.23(10)]

NOTES:

Training may not begin until the APP receives written approval from the Alabama Board of Nursing (CRNP) or the Board of Medical Examiners (PA) and the physician must receive written approval from the Alabama Board of Medical Examiners.



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**Otolaryngology Specialty Protocol
Request to Train**

CRNP Name: _____

License Number: _____

PA Name: _____

License Number: _____

____ This PA/CRNP 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/CRNP has been previously approved to train, and we wish to request to transfer this approval to train.

Collaborating or supervising physician must certify that the **initial requirements** have been met as follows:

- _____ PA/ CRNP has practiced in the clinical setting of otolaryngology for 3 months or greater
- _____ Observation of no less than 150 procedures (including normal/abnormal tissue distinction) of **each procedure before** requesting to train to perform the procedure

In signing this form, I the collaborating /supervising physician certify the **initial requirements** have been met and I am requesting to train the above-named PA or CRNP to perform the following skills in accordance with the State-wide criteria adopted by the Alabama Board of Medical Examiners:

- _____ Flexible Fiberoptic Diagnostic Laryngoscopy/Stroboscopy (25)
- _____ Flexible Nasopharyngoscopy (25)
- _____ Diagnostic Nasal Endoscopy (flexible and rigid) (25)

PA or CRNP will submit documentation of supervised practice on the forms provided with the approval notice of 25 (each skill) proctored procedures for initial certification.

Supervising/Collaborating Physician Printed Name

License Number

Supervising/Collaborating Physician Signature

Date

****Training may not begin until you have been approved to train by both the Alabama Board of Medical Examiners and the Alabama Board of Nursing (CRNP). APPROVAL TO TRAIN WILL EXPIRE IF DOCUMENTATION OF SUPERVISED PRACTICE IS NOT RECEIVED WITHIN ONE (1) YEAR!**