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

_____This CRNP/PA has been previously trained in the skills checked below and we wish to transfer the approval to perform these skills to our collaborative agreement/registration agreement. (Include copies of previously approved supervised practice.)

_____This CRNP/PA wishes to transfer the approval to train to this collaborative agreement/registration agreement and will continue with supervised practice.

Before beginning the initial training for a CRNP/PA to perform joint injections, the physician must request permission to do so from the Board of Medical Examiners. Complete this page to request approval to train the CRNP/PA to perform joint injections as part of the orthopedic specialty protocol request.

Request must include protocols as requested in item 2 for:

CRNP/PA Name_____

Please Print

Injections of the following, according to the orthopedic specialty protocol:

1. Select the procedures you wish to train the CRNP/PA to perform.

Region	Site	Yes/No
Shoulder	Acromioclavicular Joint	
	Subacromial Bursa	
	Glenohumeral Joint**	
Elbow	Olecranon Bursa	
Hip	Greater Trochanteric Bursa	
	Iliopsoas Bursa	
	Gluteus Medius Bursa	
	Ischiogluteal Bursa	
	Ischiofemoral Bursa**	
	Intra-articular Hip**	
Knee	Arthrocentesis/ Knee Joint	
	Pes Anserine Bursa	
Ankle/Hindfoot	Ankle/Hindfoot Region	
Foot	Midfoot	
	Plantar Fascia	
	Other Foot Soft Tissue	
Wrist/Hand	Wrist/Hand Region	
Trigger Point Injections	Lumbar only Below T-12	
Platelet Rich Plasma	May be requested for joint sites for which the CRNP has completed the required supervised practice and received Board approval.	

** Ultrasound guidance required; physician must be onsite.

2. Include your protocol for training as well as performance by the CRNP/PA. *See the orthopedic specialty protocol for inclusions and exclusions. Protocol templates are available upon request.

3. Standard Approval Language: *The orthopedic specialty protocol allows for the performance of injections to sites named in the orthopedic approval table with Board approved documentation of supervised practice completed under direct physician supervision. Total of ten (10) supervised injections for each site to be considered for approval and must be submitted within one year of approval to train. Five (5) injections for each site approved should be documented for annual maintenance of certification and this documentation may be kept at your practice location and available if asked to produce it. No more than three (3) injections at the same anatomical site, per patient may be performed within a twelve (12) month period; more than three (3) injections may be performed by the APP within a twelve (12) month period with physician approval and documentation in the patient record as to the need for any additional injection. APPs may request approval to perform orthopedic injections at remote site locations after documentation of supervised practice has been approved by the Board.*

Physician printed name: _____ License # _____

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 LAPSE IF DOCUMENTATION OF SUPERVISED PRACTICE IS NOT RECEIVED WITHIN ONE (1) YEAR.