

**Application for Privilege to Perform Skill or Procedure in Collaborative Practice  
Required Template**

Please note: This Application is for Skills/Procedures that are:

1. **Not recognized** for RN practice as a Standardized Procedure.
2. **Not available** in the Standard Protocol
3. **Not available** on the Collaborative Practice application in the drop-down menu for Additional Skills.

**The Documentation requirements to Alabama Board of Medical Examiners (ABME) and ABN has not changed.**

<b>Provide Contact Information for the Advanced Practice Nurse (CRNP or CNM), Collaborating Physician and Practice Site(s)</b>	
CRNP / CNM Name	
License number	
Address City State ZIP	
Telephone (daytime)	
Email	
Collaborating Physician Name License number Email	
Practice Site(s): Name Address City AL ZIP Telephone	
Date of Request	

All information below must be completed **in detail**. Simple, incomplete sentence answers are not appropriate and will cause a delay in approval.

<b>Provide information for each section</b>	<b>Each section must be completed. Each box will expand for free-text typing.</b>
Procedure Name	
Purpose of the Procedure	
Describe skill/procedure <b><u>in detail</u></b> . (As pertinent to the procedure, include: patient condition or exam finding, min/max parameters of lesions; anatomic landmarks, treatment location options [if any]; required device or equipment, device size range, minimum / maximum, if applicable, etc.; technique; expected results or confirmatory findings; aftercare and follow-up)	

Provide information for each section	Each section must be completed. Each box will expand for free-text typing.
Physician qualifications (Residency education/Board Certification; CE and other instruction, if the procedure is not typically associated with the physician's specialty; hospital privileges, if pertinent, etc.)	
Physician availability when CRNP/CNM performs this procedure (e.g.; Physically present? on-site? Phone? Other?)	
Rationale for CRNP/CNM to perform the Procedure	
Level of Supervision required	
Authority to perform the procedure (At the discretion of the CRNP/CNM? Notify physician prior to procedure? Only by order of the physician? Hospital privileges, if pertinent?)	
List contraindications and limits to CRNP / CNM performing the procedure	
Clinical Background preparing the CRNP/CNM to perform the procedure	
Plan for organized program of study (didactic teaching methods, other instruction, instructor qualification, if other than physician; simulation, hands on experience, etc.). <b>Describe fully.</b>	
Plan for supervised practice (to include observation, direct supervision). Specify number of procedures needed for initial training and on-going competency validation. Simulated experience cannot exceed 50% of procedures for initial and subsequent validation.	
Plan for demonstration of competency, initially and at periodic intervals. What are the essential performance criteria?	
Quality Assurance: Method, criteria, sample size (percentage of procedures?) or minimum number per sample period, numbers, Adverse Outcome review.)	

Please note: Final approval is subject to decision by the Alabama Board of Medical Examiners and the Alabama Board of Nursing.

\_\_\_\_\_  
CRNP/CNM Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**New Skills Never Before Approved:** You must complete the **New Skill/Procedure Template** above. Print a copy for your records. Submit supporting documents by e-mail in PDF or mail hardcopy to the address below (**DO NOT FAX**).

**Email (PDF):** [melissa.curtis@abn.alabama.gov](mailto:melissa.curtis@abn.alabama.gov)

**Mail:** Licensing Specialist, Advanced Practice  
Alabama Board of Nursing  
P.O. Box 303900  
Montgomery, AL 36130-3900

**Specialty Protocols/Additional Skills:** The physician must request through ABME prior to beginning any training for a Specialty protocol and/or new procedure. This tool can be utilized. The contact information is provided below:

**Email (PDF):** [pward@albme.org](mailto:pward@albme.org) or [awybenga@albme.org](mailto:awybenga@albme.org)

**Mail:** Alabama Board of Medical Examiners  
Collaborative Practice Nurse Consultants  
P.O. Box 946  
Montgomery, AL 36101-0946