



Alabama Board of Medical Examiners

Norris W. Green, Executive Director

**REQUEST FOR FTE TRANSITIONAL ALLOWANCE**

**ALABAMA ADMINISTRATIVE CODE**

**ASSISTANT TO PHYSICIAN- Chapter 540-X-7**

**ADVANCED PRACTICE NURSES: COLLABORATIVE PRACTICE-Chapter 540-X-08**

**Chapter 540-X-8-.12 (5) Limitations Upon Utilization of Certified Registered Nurse Practitioners.**

**Chapter 540-X-7-.26 (4) Limitations Upon Utilization of Physician Assistants (P.A.)**

*"A physician in a registration agreement/collaboration with a Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife(personnel) totaling 160 hours per week (four (4) FTEs) may request a transitional allowance increasing the total weekly hours for the purpose of orientation of the incoming PA,CRNP,CNM. The transitional allowance shall not exceed 45 days. The physician shall request the transitional allowance in writing and specify the starting date for this FTE allowance.*

**Supervising/Collaborating Physician:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**PA/CRNP/CNM (Outgoing):** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**PA/CRNP/CNM (Incoming):** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Date to begin the 45 day transitional allowance:** \_\_\_\_\_

**Physician printed name:** \_\_\_\_\_

**Physician signature:** \_\_\_\_\_

*You may scan and email (preferable) or fax this page after physician signature:  
(CRNP/CNM) to Pat Ward: pward@albme.org Fax 334-269-2696 or Amy Wybenga: awybenga@albme.org  
(PA) to Deana Bozeman: dbozeman@albme.org Fax 334-240-2477*

*ALBME Staff Only:*

\_\_\_\_ **Board Approval on:**

**Transitional allowance expires on:**