



ALABAMA BOARD OF MEDICAL EXAMINERS  
**Orthopedic Specialty Protocol Request to Train**

**Before** beginning to train a CRNP 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 to perform Joint Injections as part of the Orthopedic Specialty Protocol Request, **must include protocols as requested in Item 2 for:**

\_\_\_\_\_ CRNP

Please Print

1. Check the procedures you wish to train the nurse practitioner to perform:

\_\_\_\_\_ Arthrocentesis

\_\_\_\_\_ Injections of the Knee

\_\_\_\_\_ Injections of the Shoulder

\_\_\_\_\_ Injections of the Elbow (Olecranon bursa only)

\_\_\_\_\_ Injections of Greater Trochanteric Bursa

\_\_\_\_\_ **This NP has been previously trained in the skills checked below and we wish to transfer the approval to perform these skills to our Collaborative Agreement. (Include copies of previously approved supervised practice)**

\_\_\_\_\_ **This NP wishes to transfer the approval to train to this Collaborative Agreement and will continue with supervised practice.**

2. **Include your protocol** for training as well as performance by the nurse practitioner. (See the Orthopedic Specialty Protocol Grid for Inclusions and Exclusions). (Template available upon request)

3. Upon completion of the required number of supervised procedures (25 cumulative) submit the documentation of training on the required form to both the Alabama Board of Medical Examiners and the Alabama Board of Nursing for final approval to perform the skills independently. \*\*

MD printed name: \_\_\_\_\_ License # \_\_\_\_\_

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CRNP 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. **APPROVAL TO TRAIN WILL LAPSE IF DOCUMENTATION OF SUPERVISED PRACTICE IS NOT RECEIVED WITHIN ONE (1) YEAR!**