

SPECIALTY PROTOCOL TEMPLATE

(Attach additional pages if necessary)

CRNP/CNM/ PA NAME:

License Number:

Email Address:

Collaborating /Supervising Physician:

License Number:

Email Address:

Practice Specialty of Physician:

Practice Site:

Procedure Name:

Purpose of Procedure:

Description of Procedure (Give comprehensive details including technique used, energy device to be used if applicable:

Medications to be injected if applicable:

Contraindications /Limits (for allowing Mid-Level practitioner to perform the procedure):

Plan for Supervised Practice:

Plan for Physician Availability:

Plan for Quality Assurance/Adverse Outcome review:

Collaborating Physician: (Print Name): _____

Signature: _____ Date: _____

CRNP/CNM/ PA (Print Name): _____

Signature: _____ Date: _____