



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Post Office Box 946  
Montgomery, Alabama 36101-0946  
848 Washington Avenue  
Montgomery, Alabama 36104

Phone (334) 242-4116  
Email bmc@albme.org

**Otolaryngology Specialty Protocol Request to Train**

CRNP Name: \_\_\_\_\_ License Number: \_\_\_\_\_

PA Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Collaborating or Supervising Physician must certify that the **Initial Requirements** have been met as follows:

\_\_\_\_\_ Practitioner has practiced in the clinical setting of otolaryngology for 6 months or greater

\_\_\_\_\_ Observation of no less than 150 procedures (including normal /abnormal tissue distinction) of **each procedure before** requesting to train to perform the procedure

By signing this form, I the Collaborating /Supervising Physician certify the **Initial Requirements** have been met and I am requesting to train the above named mid-level practitioner to perform the following skills in accordance with the State-wide criteria adopted by the Alabama Board of Medical Examiners:

\_\_\_\_\_ Flexible Fiberoptic Diagnostic Laryngoscopy/Stroboscopy (25)

\_\_\_\_\_ Flexible Nasopharyngoscopy (25)

\_\_\_\_\_ Diagnostic Nasal Endoscopy (flexible and rigid) (25)

Mid-level practitioner will submit documentation of supervised practice on the forms provided with the approval notice of 25(each skill) proctored procedures for initial certification.

X \_\_\_\_\_  
Printed Name License Number

X \_\_\_\_\_  
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 EXPIRE IF DOCUMENTATION OF SUPERVISED PRACTICE IS NOT RECEIVED WITHIN ONE (1) YEAR.**