



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

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

_____ PA
Please Print

1. Check the procedures you wish to train the physician assistant to perform:

- | | |
|--|--|
| _____ Arthrocentesis | _____ Injections of the Knee |
| _____ Injections of the Shoulder | |
| _____ Injections of the Elbow (Olecranon Bursa only) | _____ Injections of Greater Trochanteric Bursa |

Complete the section below ONLY if you are requesting to transfer a previously approved skill(s).

_____ This PA has been previously trained in the skills checked above and we wish to transfer the approval to perform these skills to our Registration Agreement. (Include copies of previously approved supervised practice)

_____ This PA has been previously approved to train and is requesting to transfer this approval.

2. **Include your protocol** for training as well as performance by the physician assistant. (See the Orthopedic Specialty Protocol Grid for Inclusions and Exclusions).
3. Upon completion of the required number of supervised procedures (25 cumulative), submit the documentation of training on the required form to the Alabama Board of Medical Examiners for final approval to perform the skills independently. **

MD printed name: _____ License # _____

MD Signature: _____ Date: _____

PA Signature: _____ Date: _____

****Training may not begin until you have been approved to train by the Alabama Board of Medical Examiners. APPROVAL TO TRAIN WILL LAPSE IF DOCUMENTATION OF SUPERVISED PRACTICE IS NOT RECEIVED WITHIN ONE (1) YEAR!**