



ALABAMA BOARD OF MEDICAL EXAMINERS

Commencement for Collaborative Practice

Website: www.albme.org

Make \$200 Fee Payable to ALBME
Mail or Overnight to Physical Address

Mailing Address:
P.O. Box 946
Montgomery, Al 36101-0946

Physical Address:
848 Washington Avenue
Montgomery, Alabama 36104

Under Alabama law, this document is a public record and if requested it will be provided in its entirety.

Physician's Name/License Number License #

Physician's Primary Practice Specialty

Physician's Primary Practice Address

CRNP or CNM Name RN License #

NP Specialty Certification:

CRNP/CNM Primary practice address

Number of hours per week to practice in this Collaborative Agreement

(Cumulative total hours for CRNPs, CNMs and PAs may not exceed 160 hrs/week for each physician)

The physician's signature certifies that I the undersigned physician agree and/or confirm:

- 1. I have read and understand my responsibilities according to the Alabama Board of Medical Examiners Rules, Administrative Rules Chapter 540-X-8, Advanced Practice Nursing: Collaborative Practice.
2. All covering physician(s) listed in the application have knowledge and understanding of the Alabama Board of Medical Examiners Rules, Administrative Rules Chapter 540-X-8, Advanced Practice Nursing: Collaborative Practice, and are aware of their responsibilities in this Collaborative Agreement.

Collaborating Physician must attest to understanding all of the Quality Assurance Documentation requirements by checking A, B and C:

- A. Documented Quality Assurance Reviews are required no less than quarterly and shall be readily retrievable [540-X-8-.08 (7) (g)].
B. Physician and CRNP or CNM must review Quality Assurance data together [540-X-8-.08 (7) (g)].
C. My signature on a patient record does not constitute Quality Assurance documentation. [540-X-8-.01 (13)]

Print Physician Name: Date:

Physician Original Signature: