



**ALABAMA BOARD OF MEDICAL EXAMINERS  
CRITICAL CARE ADVANCED PROTOCOL TRAINING RECORD**

CRNP/PA Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Years of Critical Care experience as an NP or PA: \_\_\_\_\_

**Submit this form along with the supervised practice form:**

<b><i>Skill</i></b>	<b><i>Training Requirement</i></b>	<b><i>Date and Instructor Signature</i></b>
<b>Central Venous Line Insertion and Removal: (Total of 6 hours)</b>	3 hours didactic instruction on proper technique and insertion  2 hours w/ use of US guidance  1 hour on sterile technique and table set-up (unit-specific equipment required)	
<b>Observation Requirement</b>	Direct Observation of 3 procedures	

<b><i>Skill</i></b>	<b><i>Training Requirement</i></b>	<b><i>Date and Instructor Signature</i></b>
<b>Insertion of Chest Tube (Total of 6 hours)</b>	3 hours didactic instruction on proper technique and insertion  2 hours w/ use of US guidance  1 hour on sterile technique and table set-up (unit-specific equipment required)	
<b>Observation Requirement</b>	Direct Observation of 3 Procedures	

<b><i>Skill</i></b>	<b><i>Training Requirement</i></b>	<b><i>Date and Instructor Signature</i></b>
<b>Thoracentesis both diagnostic and therapeutic including placement and use of small indwelling catheters (Total of 4 hours)</b>	3 hours didactic instruction on proper technique of thoracentesis in the insertion of small indwelling catheters  1 hour on sterile technique, table set-up and unit-specific equipment required	
<b>Observation Requirement</b>	Direct observation of 3 Procedures	

**Collaborating or Supervising Physician must certify that the Training Requirements set forth in the Critical Care Advanced Protocol have been completed.**

Collaborating/Supervising Physician \_\_\_\_\_  
Print Name

Signature \_\_\_\_\_ License# \_\_\_\_\_