



**ALABAMA STATE BOARD OF MEDICAL EXAMINERS
Orthopedic Specialty Protocol Request to Train**

 This NP has been previously trained in the skills checked below and we wish to transfer the approval to perform these skills to our Collaborative Agreement. **(Include copies of previously approved supervised practice)**

 This NP wishes to transfer the **approval to train** to this Collaborative Agreement and will continue with supervised practice.

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

CRNP Name _____
Please Print

Check the procedures you wish to train the nurse practitioner to perform (See the Orthopedic Specialty Protocol Table for Inclusions and **Exclusions**).

 Acromioclavicular Joint Subacromial Bursa Olecranon Bursa
 Greater Trochanteric Bursa Arthrocentesis/Knee Joint Pes anserine bursa

1. **Include your protocol** for training (Template available upon request) as well as performance by the nurse practitioner.
2. **Standard Approval Language:** *Arthrocentesis: Allowed to perform aspirations of joints [(limited to shoulder(acromioclavicular joint, subacromial bursa) elbow (olecranon bursa), knee (see approval table), and greater trochanteric bursa(see approval grid)], with Board approved documentation of training under direct physician supervision. Joint Injections: Allowed to perform injections to joints [(limited to shoulder(acromioclavicular joint, subacromial bursa) elbow (olecranon bursa), knee (see approval table), and greater trochanteric bursa(see approval grid)], with Board approved documentation of training under direct physician supervision. Mid-Levels are approved to perform joint injections at remote site locations after approval of documented training and upon request to and approval by, the Board. **Total of 25 supervised injections with no less than three (3) of each joint to be considered for approval.***

Physician printed name: _____ License # _____

Physician 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 LAPSE IF DOCUMENTATION OF SUPERVISED PRACTICE IS NOT RECEIVED WITHIN ONE (1) YEAR.**