



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

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

\_\_\_\_ This PA wishes to transfer the approval to train to this Registration Agreement and will continue with supervised practice.

**Before** beginning the initial training for a PA to perform Joint Injections, the supervising 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. **Include protocols as requested in Item 2 for:**

PA Name \_\_\_\_\_  
Please Print

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

**Injections** (According to the Orthopedic Approval Table) of:

\_\_\_\_ Acromioclavicular Joint      \_\_\_\_ Subacromial Bursa      \_\_\_\_ Olecranon Bursa  
\_\_\_\_ Greater Trochanteric Bursa      \_\_\_\_ Knee joint      \_\_\_\_ Pes anserine bursa

2. **Include your protocol** for training as well as performance by the physician assistant. (See the Orthopedic Specialty Protocol Table for Inclusions and Exclusions). (Template available upon request)

3. Standard Approval Language:

**Arthrocentesis/Joint Injections:** "Allowed to perform injections to sites named in the Orthopedic Approval Table with Board approved documentation of supervised practice completed under direct physician supervision. **Total of twenty-five (25) supervised injections for each site** to be considered for approval and must be submitted within one year of approval to train. Ten (10) injections for each site approved should be documented for annual maintenance of certification and this documentation may be kept at your practice location and available if asked to produce it. Mid-Levels may request approval to perform Orthopaedic injections at remote site locations after documentation of supervised practice has been approved by the Board".

MD printed name: \_\_\_\_\_ License # \_\_\_\_\_

MD 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!**