



ALABAMA BOARD OF MEDICAL EXAMINERS

Otolaryngology Specialty Protocol Request to Train

CRNP Name: _____ License Number: _____

PA Name: _____ License Number: _____

Collaborating or Supervising Physician must certify that the **Initial Requirements** have been met as follows:

_____ Practitioner has practiced in the clinical setting of otolaryngology for 6 months or greater

_____ Observation of no less than 150 procedures (including normal /abnormal tissue distinction) of **each procedure before** requesting to train to perform the procedure

In signing this form, I the Collaborating /Supervising Physician certify the **Initial Requirements** have been met and I am requesting to train the above named mid-level practitioner to perform the following skills in accordance with the State-wide criteria adopted by the Alabama Board of Medical Examiners:

_____ Flexible Fiberoptic Diagnostic Laryngoscopy/Stroboscopy (25)

_____ Flexible Nasopharyngoscopy (25)

_____ Diagnostic Nasal Endoscopy (flexible and rigid) (25)

Mid-level practitioner will submit documentation of supervised practice on the forms provided with the approval notice of 25(each skill) proctored procedures for initial certification.

X _____
Printed Name License Number

X _____
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 EXPIRE IF DOCUMENTATION OF SUPERVISED PRACTICE IS NOT RECEIVED WITHIN ONE (1) YEAR!**