



Alabama Board of Medical Examiners
848 Washington Avenue
Montgomery, AL 36104
(334) 242-4116

Collaborative Practice Commencement Form Instructions

Access: www.albme.org (Licensing/Collaboration)

- 1) **The first step** to begin a new Collaborative Practice: The Collaborating Physician is required to submit the Notice of Commencement Form and the \$200.00 Fee for the Registration and Commencement of Collaborative Practice to the Alabama Board of Medical Examiners. The Medical Board will notify the ABN once this step is complete.
- 2) **Required Information:**
 - a) Physician's name, license number and **primary practice address** (this is the address where the physician practices medicine on a daily basis) Add additional Corporate Address if applicable.
 - b) CRNP/CNM name, RN License number and address where he/she will practice
 - c) Number of hours for this Collaborative Agreement / **per week**
- 3) QA Requirement: **A-C must all be checked by the physician** denoting an understanding of their responsibilities. The original Signature of the Collaborating Physician at the bottom of the form is to attest to the knowledge and understanding of information on the Notification of Commencement Collaborative Practice agreement.
- 4) **Remittance of Collaborative Practice Fee: The \$200.00 fee can be remitted in the form of a check or money order made payable to the Alabama Board of Medical Examiners. Mailing Address: P.O. Box 946; Montgomery AL 36101-0946 or for overnight mail use the physical address of 848 Washington Avenue; Montgomery AL 36104**

***Notice: The Commencement Form and Fee must be processed by the ALBME and notification sent to Alabama Board of Nursing before the CRNP can be issued Temporary Approval by the ABN.**

Collaborative Practice Rule 540-X-8-.04 (1) (a-c) 540-X-8-.18 (1) (a-c) “Qualifications for Physicians in Collaborative Practice with Certified Registered Nurse Practitioners/Certified Nurse Midwife” (1) The physician in collaborative practice with a certified registered nurse practitioner shall have:(a) A current, unrestricted license to practice medicine in the State of Alabama; and(b) Practiced medicine for at least one year, if the physician is certified by or eligible for board certification by a specialty board approved by the American Medical Association or by the American Osteopathic Association; or have practiced medicine for at least three years.(c) Paid all collaborative practice fees due to the Board of Medical Examiners and submitted to the Board of Medical Examiners a Commencement of Collaborative Practice form. In the event no application is received from the Alabama Board of Nursing within six (6) months of submission, the submitted form will be withdrawn by the Board. The fee submitted with the Commencement of Collaborative Practice form is non-refundable and non-transferable.



ALABAMA BOARD OF MEDICAL EXAMINERS
Commencement of Collaborative Practice

Website: www.albme.org
Toll Free: 1-800-227-2606
Phone: 334-242-4116

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

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

Physical Address:
848 Washington Avenue
Montgomery, AL 36104

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

Physician's Name License #

Physician's Primary Practice Specialty

Physician's Primary Practice Address

Additional Corporate Address (if applicable)

CRNP/CNM Name RN License # Email

NP National 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)

This practice is a physicians' primary practice remote practice site acute care hospital or
other facility licensed by the Department of Public Health or the Department of Mental Health). N/A

This practice will be following a Limited Protocol Yes No

Limited Protocol for Comprehensive Physical Exam Long Term Care Facilities ADPH
(Applications for these protocols must be on file with the Alabama Board of Nursing)

Will this Collaborative Practice be solely by telemedicine? Yes No (If yes, the physician will
be sent a series of questions for which answers must be provided before processing of this
Commencement)

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, and Advanced Practice Nursing: Collaborative Practice.
2. All covering physician(s) listed in the application 1) have knowledge of their addition to this
Collaborative Agreement and 2) have an understanding of the Alabama Board of Medical Examiners
Rules, Administrative Rules Chapter 540-X-8, Advanced Practice Nursing: Collaborative Practice, and 3)
are aware of their responsibilities in this Collaborative Agreement.

Collaborating Physician must attest by check or initials the 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)]

Physician Original Signature: Date: