



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Additional Skill Request Outside of Protocol

Protocol Request for _____ CRNP/PA License # _____

Collaborating Physician Specialty: _____

NP National Certification: _____ (PA has no specialty certification)

This is a request for the Advanced Practice Provider (APP) named above to begin training for (name the skill for which you are requesting to train):

1. _____
2. _____
3. _____

Give the reason why you need this out of protocol skill? (Please type- must be legible-Attach separate sheet if needed)

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Training may not begin until you have been approved to train by the Alabama Board of Medical Examiners (PA and CRNP) and by Alabama Board of Nursing (for CRNP).

Skill is not considered to be finally approved until the supervised practice is submitted and approved by the Boards.

Supervised practice must be submitted within one (1) year of being approved to train.

MD (print): _____ License _____

MD Signature: _____ Date: _____

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief. Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.