

**ALABAMA STATE BOARD OF MEDICAL EXAMINERS**  
**848 Washington Avenue (36104)**  
**P.O. Box 946, Montgomery, AL 36101-0946**  
**(334) 242-4116**

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**Collaborative Practice Commencement Form Instructions**

- 1) The first step to begin a new Collaborative Practice: The Collaborating Physician is required to submit the Notice of Commencement Form and the \$100.00 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
  - 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 \$100.00 fee can be remitted in the form of a check or money order made payable to the Alabama Board of Medical Examiners.

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

***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is received from the Alabama Board of Nursing within six (6) months of submission, the submitted form will be withdrawn by the Board.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 for Collaborative Practice

Website: www.albme.org

Make \$100 Fee Payable to ALBME
Mail or Overnight to Physical Address

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

Physical Address:
848 Washington Avenue
Montgomery, Alabama 36104

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

Physician's Name/License Number License #

Physician's Primary Practice Specialty

Physician's Primary Practice Address

CRNP or CNM Name/RN License Number License #

NP 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)

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

Collaborating Physician must attest to 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)]

Print Physician Name: Date:

Physician Original Signature: