



ALABAMA BOARD OF MEDICAL EXAMINERS

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Commencement of Collaborative Practice

540-X-1, Appendix A

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

Physician's Name/License Number _____ Lic# _____

Physician's primary practice specialty _____

Physician's primary practice address _____

CRNP or CNM Name _____ RN Lic # _____

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 of the Quality Assurance Documentation requirement:

- 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: _____