



ALABAMA STATE BOARD OF MEDICAL EXAMINERS
848 Washington Ave. (36104)
PO Box 946, Montgomery AL 36101-0946
(334) 242-4116

Instructions for Commencement of Collaborative Practice

The Collaborating Physician is required to submit the following form and fee for the Registration and Commencement of Collaborative Practice to the Alabama Board of Medical Examiners

1. The following information must be complete or form will be returned:
 - a. Physician's name, license number and practice address
 - b. CRNP/CNM name, license number and practice address
 - c. Completed Quality Assurance Plan
2. Original Signature of the Collaborating Physician attesting to the required information.
3. Remittance of Collaborative Practice Fee of \$100.00 payable to: Alabama Board of Medical Examiners.

Notice: Until this Commencement Form and Fee are received this Collaborative Agreement will NOT 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 Practitioner/Certified Nurse Midwife:

- (1) The physician in collaborative practice with a certified registered nurse practitioner/certified nurse midwife 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 CNM's including the active practice of obstetrics and /or gynecology), 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, the appropriate registration forms.



ALABAMA BOARD OF MEDICAL EXAMINERS

Commencement
For Collaborative Practice

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

Physical Address:
848 Washington Avenue
Montgomery, AL 36104

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

**Send this signed original document and \$100.00 fee to the Alabama Board of Medical Examiners.

Alabama Board of Medical Examiners
Attn: Collaborative Practice Department
Phone: 334-242-4116

(Use one page per CRNP/CNM. Make additional copies as needed)

- 1. Physician's Name: License Number:
2. Practice Address:
3. CRNP/CNM Name: License Number:
4. CRNP/CNM Practice Address:
5. Date services to begin under this Collaborative Agreement

This is to certify that I, the undersigned physician agree and/or confirm:

- 1. The nurse practitioner/nurse mid-wife above and I will complete chart reviews for Quality Assurance as per the plan below and agree that 100% of all adverse actions will be reviewed for Quality Assurance.
2. The covering physicians listed in the application have knowledge and understanding of the Collaborative Practice Rules [Chapter 540-X-8] and be aware of their responsibilities.
3. Have an emergency plan/ policy in writing at the practice site.

Quality Assurance Plan:

- A. Who will complete the chart reviews? Physician Nurse Practitioner Other
B. What is the time frame for your review? Weekly Monthly Quarterly
C. Selection of records for review to include records for patients treated by the CRNP/CNM
D. Describe criteria for selecting records to be reviewed (give detail):

I the undersigned physician have read and understand the Alabama Board of Medical Examiners Rules, Chapter 540-X-8, Advanced Practice Nursing: Collaborative Practice. It is also understood that my signature attests to these facts. Failure to adhere to these rules may result in an action against my license. It is also understood that I will complete written Termination upon the dissolution of this Collaborative Agreement.

PHYSICIAN'S SIGNATURE: DATE:
(Original Signature Only)

Print Physician Name: DATE:

**To alleviate a delay in approval of the Collaborative Practice fill out the form completely and send upon submission of the application to the Board of Nursing. This Commencement Form will be returned if all of the information is not present and a check attached for the required fee.