

ALABAMA STATE BOARD
OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X- 1 Appendix A. Application. Commencement of Collaborative Practice

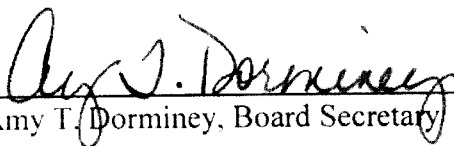
INTENDED ACTION: To amend the appendix

SUBSTANCE OF PROPOSED ACTION: To amend the appendix to increase the fee for commencement of a collaborative practice to \$200

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including July 5, 2018. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Carla H. Kruger, by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. Additionally, the intended action is available at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: July 5, 2018

CONTACT PERSON AT AGENCY: Carla H. Kruger



Amy T. Dorminey, Board Secretary

Application: Commencement of Collaborative Practice

ALABAMA BOARD OF MEDICAL EXAMINERS

P. O. Box 946 – Montgomery, Alabama 36101 • 848 Washington Avenue – 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
Physician’s primary practice specialty
Physician’s primary practice address

CRNP / CNM Name/ RN License Number
Certification specialty
CRNP/CNM Primary practice address

Number of hours **per week** to practice in this Collaborative Agreement

~~Include note:~~ Cumulative total hours for CRNPs, CNMs and PAs may not exceed 160 hrs/week for each physician)

~~Attestation statement:~~ The physician’s signature/electronic 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.
3. Attest to understanding of the Quality Assurance Documentation requirement:
 - ~~1. a.~~ Documented Quality Assurance Reviews are required no less than quarterly and shall be readily retrievable ~~{540-X-8-.08-(7)-(g)}~~.
 - ~~2. b.~~ Physician and CRNP or CNM must review Quality Assurance data together ~~{540-X-8-.08-(7)-(g)}~~.
 - ~~3. c.~~ My signature on a patient record does not constitute Quality Assurance documentation. ~~{540-X-8-.01-(13)}~~

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 could result in disciplinary action.

PHYSICIAN’S SIGNATURE

DATE

Fee for commencement of collaborative practice: \$200

Author: Alabama Board of Medical Examiners
Statutory Authority: Ala. Code §§ 34-24-53, 34-24-340
History: Repeal/Replace approved: November 16, 2017.
Effective Date: March 10, 2018. Amend/Approved: May 16, 2018.