

APA-3
10/91

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is a correct copy of rules as promulgated and adopted on the 17th day of January, 2018, and filed with the agency secretary on the 17th day of January, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

_____ Amendment _____ X _____ New _____ X _____ Repeal

Rule No. 540-X-1, Appendix A

(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

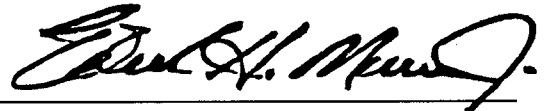
Rule Title: Commencement of Collaborative Practice

ACTION TAKEN: No comments were received. The appendix was adopted without changes from the proposed.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXVI, ISSUE NO. 2, AAM,
DATED NOVEMBER 30, 2017.

Statutory Rulemaking Authority: *Code of Alabama* 1975, §34-24-53(a) and §34-24-293(a).

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her Deputy

REC'D & FILED

JAN 24 2018

LEGISLATIVE SVC AGENCY

Commencement of Collaborative Practice

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.

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)]

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

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