

SKILLS PROTOCOL TEMPLATE  
(Attach additional pages if necessary)

AA NAME:
License Number:
Email Address:
Supervising Physician:
License Number:
Email Address:
Practice Specialty of Physician:

Practice Site:
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Procedure Name:
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Purpose of Procedure:
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Description of Procedure (Give comprehensive details including technique used, energy device to be used if applicable:
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Medications to be injected if applicable:
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Contraindications /Limits (for allowing Mid-Level practitioner to perform the procedure):
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Plan for Supervised Practice:
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Plan for Physician Availability:
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Plan for Quality Assurance/Adverse Outcome review:
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**Supervising Physician:** (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AA** (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_