



APA-2  
6/93

**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 B, Collaborative Practice Registration  
Renewal Application

**INTENDED ACTION:** To repeal and replace the Appendix

**SUBSTANCE OF PROPOSED ACTION:** Modification to the form for online renewal

**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: Patricia E. Shaner, 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, 2017. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Patricia E. Shaner, 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.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** July 5, 2017

**CONTACT PERSON AT AGENCY:** Patricia E. Shaner, Esq.

  
\_\_\_\_\_  
Norris W. Green, Executive Director

**NEW**

**20XX Collaborative Practice Registration**

**Deadline: December 31, 20XX**

Failure to renew this collaborative practice and pay the fee will result in non-approval as a collaborating physician, making it a violation for the physician and CRNP/CNM to practice together effective Jan. 1.

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

Collaborative Practice Number

Physician's Name

Physician's License Number

CRNP/CNM Name

CRNP/CNM License Number

1. Are your Quality Measures being used specific to this practice?  
Yes                      No
  
2. Are your Quality Assurance Reviews current and documented?  
Yes                      No
  
3. Would you like one of the Collaborative Practice Nurse Consultants to contact you for an Educational Meeting for your office?  
Yes                      No

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 or Medical Licensure Commission of Alabama could result in disciplinary action.

**REPEAL**

**540-X-1, APPENDIX B**

20\_\_ Collaborative Practice Registration Renewal  
Deadline: December 31, 20\_\_

Register online @ <http://alrenewals.org>

Alabama Board of Medical Examiners  
P.O. Box 946, Montgomery, AL 36101  
(334) 242-4116

Correct or supply all information  
Complete all fields including signature  
Return with \$100 registration renewal fee  
Incomplete applications will be returned

Complete ALL questions. Include a check for \$100.00 payable to the ALABAMA BOARD OF MEDICAL EXAMINERS for EACH collaborative practice registration. If the collaborative practice agreement listed below has been terminated, complete a letter of termination and return it to the Alabama Board of Medical Examiners. Use the online form at: [www.albme.org/terminationform.html](http://www.albme.org/terminationform.html).

Collaborative Practice Number:

CRNP / CNM License #:

Name of CRNP / CNM:

1. Does this nurse practitioner / nurse midwife within this collaborative agreement work at a site other than your primary practice site? YES [ ] NO [ ]  
(If yes, please list sites below. Please check the box next to the sites at which the nurse practitioner / nurse midwife practices with no physician on-site). Use additional pages if more space is needed.

[ ] Practice Site Address: \_\_\_\_\_

[ ] Practice Site Address: \_\_\_\_\_

[ ] Practice Site Address: \_\_\_\_\_

2. Is your Quality Assurance Plan specific for your practice?  
YES [ ] NO [ ]

3. Is your Quality Assurance Documentation up-to-date?  
YES [ ] NO [ ]

4. Would you like an educational site visit from one of our Collaborative Practice Nurse Consultants? (If yes, you will be contacted by our office)  
YES [ ] NO [ ]

I certify the foregoing information to be correct to the best of my knowledge, information and belief, and attest that I have reviewed and am abiding by the Rules and Regulations of Advanced Practice Nurses: Collaborative Practice, Chapter 540-X-8 that were effective on this date.

Physician's Signature \_\_\_\_\_  
Date \_\_\_\_\_

FAILURE TO RENEW THIS COLLABORATIVE PRACTICE REGISTRATION AND PAY THE FEE WILL RESULT IN NON-APPROVAL AS A COLLABORATING PHYSICIAN, MAKING IT A VIOLATION FOR THE PHYSICIAN AND CRNP/CNM TO PRACTICE TOGETHER