

APA-1  
Revised 4/2018

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners  
Rule No. 540-X- 1, Appendix A  
Rule Title: Application: Commencement of Collaborative Practice

New  Amend  Repeal  Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

\*\*\*\*\*  
Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

\*\*\*\*\*  
Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer Ray J. Dorman

Date: May 22, 2018

APA-2

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

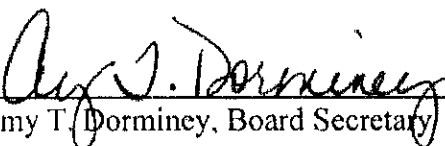
INTENDED ACTION: To amend the appendix

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](http://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.