Alabama Board of Nursing
Orthopaedic Protocol Application

All information below must be completed in full and include detail. Simple, incomplete sentence answers are not appropriate and may cause a delay in approval. The ABN and ABME must approve the application. Click here for the application instructions.

Contact Information	
CRNP Name	
License number	
Telephone Number (daytime)	
Email Address	
Collaborating Physician Name and Practice Specialty	
License number	
Email Address	
Practice Site(s)	
Name of Practice Site(s)	
Facility Setting (office, hospital, etc.)	
Detailed Description of the Skill or Procedure	
Procedure Name	
Purpose of the Procedure	
Description of the skill/procedure requested	
Medications to be injected if applicable	
Plan for Physician availability when CRNP performs this procedure	
List contraindications and limits to CRNP performing the procedure	
Plan for supervised practice and must follow specified protocol requirements	
Quality Assurance Review/Adverse Outcome Plan if indicated per protocol	

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CRNP/CNM Signature	Date
Physician Signature	Date

Note: Submit or attach detailed information or supporting documents by e-mail in PDF or mail hardcopy to the address below **(DO NOT FAX)**. Print a copy for your records.

Email (PDF): advancedpractice@abn.alabama.gov

Mail: Alabama Board of Nursing
P.O. Box 303900
Montgomery, AL 36130-3900