



Application for CNS Practice Beyond Basic Nursing Education Required Template

All information below must be completed **in full and include detail**. Simple, incomplete sentence answers are not appropriate and will cause a delay in approval.

Information on CNS

Name: Alabama RN License#: 1-
Daytime Telephone: Email:

Procedure Request (complete each section, in detail; attach additional sheets, if necessary)

Procedure Name: Request Date:

Purpose:

Describe procedure in detail. (As pertinent to the procedure, include: patient condition or exam finding, min/max parameters of lesions; anatomic landmarks, treatment location options [if any]; required device or equipment, device size range, minimum/maximum, if applicable, etc.; technique; expected results or confirmatory findings; aftercare and follow-up):

CNS authority to perform the procedure (At the discretion of the CNS? Notify physician prior to procedure? Only by order of the physician? Hospital privileges, if pertinent?):

Contraindications and limits to CNS performing the procedure (list all):

Plan for organized program of study (didactic teaching methods, other instruction, instructor qualification, if other than physician; simulation, hands on experience, etc.). **Describe fully:**

Plan for supervised practice, if indicated. (to include observation, direct supervision). Specify number of procedures needed for initial training and ongoing competency validation. Simulated experience cannot exceed 50% of procedures for initial and subsequent validation.

Plan for demonstration of competency, initially and at periodic intervals. Describe essential performance criteria:

Required Signatures: The signature of each individual below attests to knowledge and approval of the request for standardized procedure involving patient care beyond basic nursing education of licensed nurses in your facility, as listed in the request.

Chief Nursing Officer: _____ Date: _____

Print Name: _____

RN License Number: 1- _____

Chief Medical Officer: _____ Date: _____

Print Name: _____

MD License Number: _____

Chief Executive Officer: _____ Date: _____

Print Name: _____

NOTE: Have the Alabama-licensed chief nursing officer, Alabama-licensed chief medical officer/staff, and chief executive officer of Alabama facility sign on the designated line indicating their knowledge and approval of the request for the standardized (beyond basic education) procedure.