



Alabama Board of Nursing

**Request for Determination Regarding Scope of Practice
Advanced Practice Nursing**

Please note: This form should be used to request a determination from the Alabama Board of Nursing (ABN) regarding skills and procedures that:

1. **Are not recognized** for RN practice as a Standardized Procedure.
2. **Are not available** in the Standard Protocol for the APRN.
3. **Have not** previously been determined by the ABN to be within the scope of practice of an APRN.

Please note: Should the Board determine that the procedure is RN practice, the APRN will be required to submit a [Standardized Procedure form](#).

Section 1 is a request for a scope of practice determination from the Board of Nursing. If you intend to perform the skill or procedure, you must complete Section 2 on pages 2 and 3 of this document.

Section 1:

Determination Requested By:

Name:

Alabama License or APRN#:

Address:

Daytime Telephone:

Email:

Procedure Name:

Detailed Description of the Skill or Procedure (Attach Additional Sheets, if Necessary):

I hereby request that the Alabama Board of Nursing determine whether the above-described skill or procedure lies within the legal scope of practice of an advanced practice nurse.

Requestor's Name

Date



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Section 2: Procedure for Performance of Skill or Procedure Beyond Basic Education

Research: Attach data/information on where this skill/procedure has been previously approved for advanced practice. Include state, role, and contact information for verification.

Attach graduate medical education criteria for training: How many procedures are required in training and annual competency to maintain the skill procedure?

Clinical background preparing APRN to perform the procedure:

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

Plan for supervised practice (to include observation, direct supervision). Specify number of procedures needed for initial training and on-going 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:



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Quality Monitoring/Management Process. Method, criteria, sample size (e.g.: percentage of procedures or minimum number per sample period), numbers, adverse outcome review:

Please note:

1. You may be directed to attend the ABN Board meeting to present your request and answer questions related to this scope of practice review, as well as quality monitoring plan, etc.
2. Incomplete applications will not be processed.

APRN Signature

Date

Physician Signature, If Applicable

Date

Please return this completed form, along with all required documentation, to:

Mail: Alabama Board of Nursing
Attention: Advanced Practice
PO Box 303900
Montgomery, AL 36130

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