Documentation of Supervised Practice for Additional Procedures

Use a separate sheet for each procedure. Each entry must be legible. Print or type names for Physician(s) and CRNP.

Name or Description of Procedure:	Collaborating physician	License Number
	CRNP	License Number

	Date	Patient name, initials or identifier	Direct supervision by physician: Print Name and license num	Physician sign off	Physician evaluation or comment
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Documentation of Supervised Practice for Additional Procedures

Use a separate sheet for each procedure. Each entry must be legible. Print or type names for Physician(s) and CRNP.

Name or Description of Procedure:	Collaborating physician	License Number
	CRNP	License Number

16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

COLLABORATING PHYSICIAN CERTIFICATION: (1) I certify that

_____ is competent to perform the additional duty requested. I understand, acknowledge and accept responsibility for the CRNP/ CNM performance of this additional duty within my collaboration or that of any physician who has accepted responsibility by signing and placing with the Alabama Board of Medical Examiners a covering physician letter. (2) I further certify that the CRNP/CNM has total awareness of the procedure as well as recognition and management of complications.

_____

Physician Signature Date

BOARD OF MEDICAL EXAMINERS ACTION:_____

Authenticating Signature Date

CRNP or CNM CERTIFICATION: (1) I certify that I have completed at least the number and type of procedures indicated in this request; that I believe my training and skill to be adequate to successfully perform the procedure(s) that I received instruction to assure my ability to recognize and manage complications, that I understand the additional duty request, if approved, is added to my collaborative practice protocol.

_____

Signature of CRNP or CNM Date

BOARD OF NURSING ACTION:_____

Authenticating Signature Date