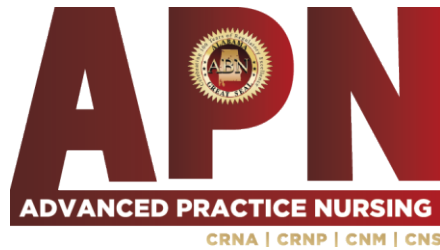


**Advanced Practice Nursing Survey Visit General Information  
Timeline for Survey Visit**

<b>Time Frame</b>	<b>Activity</b>
30 Days prior to Survey	ABN staff will contact CRNP or CNM by email and mail. ✓ The letter will include a timeframe for the survey and an opportunity to request two dates that will be most convenient for the APN and facility.
20-15 Days prior to Survey	ABN staff will send a confirmation letter to the CRNP or CNM with the finalized meeting date.
7 Days prior to Survey	ABN staff will send a reminder notice, tentative schedule, and other necessary details pertaining to the scheduled site visit.
15-30 days post Survey	ABN staff will send a post-survey letter with recommendations, along with an electronic copy of the Survey Tool that was utilized.

Please do not hesitate to contact the ABN Advanced Practice Department with any questions. Phone: 1-334-293-5201

Email: [advancedpractice@abn.alabama.gov](mailto:advancedpractice@abn.alabama.gov)



**Advanced Practice Nursing Survey Visit  
Document Checklist for Site Visits**

Following this format will provide an efficient way to ensure that Collaborative Practice requirements are met and provide the required information for the Board’s review.

➤ **\*\*Note:** Forms that will be reviewed should be completed, signed, and readily available at the practice site(s). ABN has published the checklist to be used as a guide to help ensure the correct forms are provided on the date of the Survey Visit. To reference current rules : [Chapter 610-X-5 Advanced Practice Nursing – Collaborative Practice \(state.al.us\)](http://www.state.al.us/abn/610-X-5-Advanced-Practice-Nursing-Collaborative-Practice)

Check	Section	Documents
✓	<b>Licensing Requirements</b> 610-X-5-.03 610-X-5-.14	<ul style="list-style-type: none"> <li>• <b>Current Alabama RN or Multistate RN license</b></li> <li>• <b>Current CRNP or CNM Certification by a National Certifying agency recognized by the ABN</b></li> <li>• <b>Current AP Approval by the ABN</b></li> </ul>
	<b>Collaborative Requirements</b> 610-X-5-.06 610-X-5-.17	<p align="center"><b>Standard Protocol</b></p> <p>A written standard protocol specific to the specialty area of CRNP/CNM and the specialty area of the collaborating physician, approved and signed by both the collaborating physician and CRNP/CNM and the specialty area of the collaborating physician, approved and signed by both the collaborating physician and CRNP/CNM shall:</p> <ol style="list-style-type: none"> <li>1. All practice sites are identified in the ABN application- CRNP/CNM and Physician.</li> <li>2. Identify the physician’s principal practice site.</li> <li>3. Be Maintained at each practice site and be on file with the Board of Nursing.</li> <li>4. Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the CRNP or CNM is present and consistent with rules which are appropriate for the collaborative practice setting.</li> <li>5. A pre-determined plan for emergency services is identified in the agreement.</li> </ol>

		<p>6. Specify the process by which the CRNP/CNM shall refer a patient to a physician other than the collaborating physician.</p> <p><b>Location:</b> <a href="#">CRNP Standard Protocols / QA / Formularies – Alabama Board of Nursing</a></p>
	<p><b>Collaborative Requirements</b>  <b>610-X-5-.11</b>  <b>610-X-5-.22</b></p>	<p><b>Additional Skill Protocols</b></p> <ul style="list-style-type: none"> <li>Initial Requirements, if applicable</li> <li>Annual Maintenance, if applicable</li> </ul> <p><b>Location:</b> Specialty and Other Protocols/applications  <a href="#">CRNP Limited/Specialty Protocols – Alabama Board of Nursing</a></p>
	<p><b>Collaborative Requirements</b>  <b>610-X-5-.06</b>  <b>610-X-5-.17</b></p>	<p><b>Quality Assurance Plan</b></p> <p>The collaborative practice agreement should include a specified plan for quality assurance management, defined quality outcome measures, for evaluation of the clinical practice of the CRNP/CNM and include review of a meaningful sample of the medical records, plus all adverse outcomes.</p> <p><b>Location:</b> “Quality Assurance Plan.”  <a href="#">QA-Plan-template- Proposed-Revision-8-24-2018.pdf (alabama.gov)</a></p>
	<p><b>Collaborative Requirements</b>  <b>610-X-5-.09</b>  <b>610-X-5-.20</b></p>	<p><b>Documentation of 10% onsite monitoring.</b> **CRNPs or CNMs with less than two (2) years (4,000 hours) of collaborative practice experience:</p> <ul style="list-style-type: none"> <li>Since initial certification; or</li> <li>In the collaborating physician’s specialty**</li> </ul>
	<p><b>Collaborative Requirements</b>  <b>610-X-5-.09</b>  <b>610-X-5-.20</b>  <b>610-X-5-.01</b></p>	<p><b>Communication Method/Plan with Physician</b></p> <p><b>Location:</b>  <a href="#">Chapter 610-X-5 Advanced Practice Nursing – Collaborative Practice (state.al.us)</a></p>
	<p><b>CRNP and CNM Prescriptive Privileges</b>  <b>610-X-5-.12</b>  <b>610-X-5-.23</b></p>	<p><b>Prescriptions and Medications Prescribed by CRNPs and CNMs</b></p> <p><b>Location:</b>  <a href="#">CRNP/CNM Formulary of Legend Drug Classifications (alabama.gov)</a></p> <p><a href="#">Chapter 610-X-5 Advanced Practice Nursing – Collaborative Practice (state.al.us)</a></p>