



**Limited Protocol  
Comprehensive Physical Examination  
(CRNP)**

**Practice Settings:** Home Setting, Clinic Setting-Fixed or Mobile

**Eligible Certifications:** Adult Acute Care, Adult Care, Family, Adult-Gerontology, Gerontology, Adult-Gerontology Acute Care, and Adult-Gerontology Primary Care

**Clinical model:** Private companies, or their subsidiaries, coordinate one-on-one, face-to-face encounters for plan members and/or beneficiaries. For example, annual wellness exams for Medicare beneficiaries; and compensation and pension assessment exams for veterans. An Electronic Medical Record is used to compile health and examination histories and transmit information to primary payor source.

**Core Duties and Scope of Practice Specific to this Limited Collaborative Agreement:**

1. Perform complete, detailed, and accurate health histories, review patient records, develop comprehensive medical and health status reports appropriate for complaint, age, race, sex, and physical condition of the patient.
2. Perform comprehensive physical examinations and assessments.
3. Perform comprehensive medication review.
4. Formulate medical and nursing diagnoses and institute appropriate referrals for patients to the Primary Care Provider for management of identified problems.

**Limitations:** No prescriptive authority; may not order labs or diagnostic tests; may not alter client's current treatment plan.

**Full-time equivalent (FTE) Exemption:** Collaborating physician is authorized a cumulative nine FTEs (360 hours week).

**Requirements:**

1. Quality Management Plan, signed by the CRNP and collaborating MD, on file with ABN.

TO BE COMPLETED BY CRNP/MD

**THE FOLLOWING FIELDS ARE REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.**

**Patient Referral Process (for physicians other than collaborating physician (610-X-5-.09(f))**

**Emergency Plan (pre-determined plan for emergencies (610-X-5-.09(e))**

Attestation: We hereby certify under penalty of law of the State of Alabama that the foregoing information in this is correct to the best of our knowledge and belief. We understand that we are jointly and individually responsible for complying with the rules and regulations pertaining to CRNP and the collaborative practice of CRNP with physicians.

_____	_____	_____
Print Collaborating Physician Name	Original Signature of Collaborating Physician	Date
_____	_____	_____
Print Name of CRNP	Original Signature of CRNP	Date
Alabama License #		

**Note: This protocol is to be on file with the ABN and a copy of this protocol should be on file at the practice site.**

Return the completed, signed form via email to [advancedpractice@abn.alabama.gov](mailto:advancedpractice@abn.alabama.gov) or fax it to 334.293.5201.