



Alabama License#: \_\_\_\_\_

**Limited Protocol**  
**Alabama Department of Public Health (ADPH)**  
**(CRNP)**

**Practice Settings:** County health departments licensed by the ADPH

**Eligible Certifications:** Adult Acute Care, Adult Care, Adult-Gerontology Acute Care, Adult-Gerontology Primary Care, Family Practice, Gerontology, and Women's Health Care Nurse Practitioners

NOTE: Adult Acute Care, Adult Care, Adult-Gerontology Acute Care, Adult-Gerontology Primary Care, and Gerontology Nurse Practitioners are eligible, retroactively, contingent on the completion of all training and compliance with all collaboration stipulations attendant to this Limited Protocol.

**Clinical model:** Utilization of CRNPs to care for Alabama residents through Alabama's Family Planning Clinics.

**Additional Skills Specific to this Limited Collaborative Agreement:**

Approval to Train for the following skills, according to the ADPH training curriculum for initial competency and annual maintenance of competency:

- Cervical Polypectomy
- Colposcopy, Colposcopically directed Cervical Biopsy, and Endocervical Curettage [includes completion of the comprehensive curriculum of the American Society of Colposcopy and Cervical Pathology (ASCCP)]
- Endometrial Biopsy/Sampling Pipelle [included in the Standard Protocol for Family NP and Women's Health NP]
- Insertion and Removal of Intrauterine Devices (IUDs) [included in the Standard Protocol for Family NP and Women's Health NP]
- Subdermal Contraceptive Implant Insertion and Removal [includes Merck certification]

**Limitations:** The protocol is restricted to CRNPs in collaborative practice with the Family Health Services Medical Officer for the State of Alabama. The collaborative practice agreement must identify at least one covering physician.

**Requirements:**

1. Standard Protocol with Patient Referral Process and Emergency Plan signed by the CRNP and collaborating MD, on file with ABN and ADPH.
2. Limited Protocol – ADPH signed by the CRNP and collaborating MD, on file with ABN and ADPH.
3. Quality Management Plan, signed by the CRNP and collaborating MD, on file with ABN and ADPH.
4. Submit Merck certification to ABN.
5. Submit ASCCP certification the ABN.

**TO BE COMPLETED BY CRNP/MD**

Attestation: We hereby certify under penalty of law of the State of Alabama that the foregoing information 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, ADPH 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.