



Alabama License#: _____

Limited Protocol
Jefferson County Department of Health (JCDH)

Practice Settings: Jefferson County Department of Health Clinic Locations

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

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 and CNMs to care for Alabama residents through JCDH's Family Planning Clinics.

Additional Skills Specific to this Limited Collaborative Agreement:

Approval to Train for the following skills, according to the JCDH 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, Women's Health NP, CNMs]
- Insertion and Removal of Intrauterine Devices (IUDs) [included in the Standard Protocol for Family NP, Women's Health NP, and CNMs]
- Subdermal Contraceptive Implant Insertion and Removal [includes Organon certification]

Limitations: This protocol is restricted to CRNPs/ CNMs in collaborative practice with the collaborating physician at Jefferson County Department of Health. The collaborative practice agreement must also identify at least one covering physician.

Requirements:

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

TO BE COMPLETED BY CRNP/CNM and 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 the CRNP/ CNM and the collaborative practice of CRNP/ CNM with physicians.

_____	_____	_____
Print Collaborating Physician Name	Original Signature of Collaborating Physician	Date

_____	_____	_____
Print Name of CRNP/CNM	Original Signature of CRNP/ CNM	Date

Alabama License Number

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

Return signed form via email to advancedpractice@abn.alabama.gov or fax to 334.293.5201.