Standardized Procedure Application for Practice Beyond Basic Nursing Education Preparation

AGENCY INFORMATION

Agency or Facility Name: _____
Enter the name of the Agency or Facility

Alabama Department of Public Health Number: _____
Enter the ADPH# (if applicable)

Physical Address: _____
Facility Physical Address

City/State/Zip: _____

Mailing Address: _____
Facility Mailing Address

City/State/Zip: _____

Contact Person: _____
Name of person responsible for the application and is available to answer questions

Phone: _____
Enter the Phone Number, including the area code, of the Agency or Facility

Email Address: _____
Enter the Email Address of the Contact Person

Title of the Standardized Procedure: _____
Enter the Name of the Proposed Standardized Procedure

Projected Date of Implementation: _____
Enter the Projected Date of Implementation including month, day, and year

Standardized Procedure applies to the following staff:	
License Type (check all that apply)	**Additional Information:**
RN ☐	
LPN ☐	
Other ☐	

Procedure Restrictions and/or Limitations:	
License Type (Identify all that apply/add)	**Area:**
RN ☐	
LPN ☐	
Other ☐	

* List any restrictions or limitations to the procedure (example: the procedure will apply only to trained nurses in one area of the agency/facility, such as the medical intensive care unit, emergency department, labor and delivery, etc.).
If there are no restrictions or limitations, enter "NONE."

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Attach the following information to the application.	
A check mark indicates that you have attached the required information.	**Information required to be submitted with application:**
☐ **Background Information**	Information regarding the facility/agency/practice requesting approval: • Identify the unit/department where procedure will occur. • Bed capacity. • Number of RNs and LPNs per shift. • Estimated number of patients to receive procedure in set period (month, quarter). • Information regarding the equipment and procedure.
☐ **Instructor Qualification**	Instructor qualification should be determined by verifying whether the instructor has the knowledge, skills, ability, experience, and expertise to present the topic. The agency or organization should have a process for verifying qualifications/credentials of the instructor.
☐ **Policy and Procedure (P&P) for Standardized Procedure**	The P&P should include the following: • Defined nursing license type(s) to perform the functions and activities requested. • Training and selection process, to include who will perform (RN, LPN, Other). • Details of any criteria specified in the ABN Administrative Code, as well as specific details of the procedure and activities requested. • Patient population(s) (pediatric, adolescent, adult, geriatric). • MD order/verification. • Presence of MD, if required by rule or standard of care. • Patient identification/verification. • Step by step instructions detailing how to perform procedure. • Any other safety precautions required by standard of care. • Include procedure(s) to be followed in case of complications. • Level(s) of supervision available to nurses performing the requested Standardized Procedure.

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A check mark indicates that you have attached the required information.	**Information required to be submitted with application:**

☐ **Organized Program of Study/Education**	An organized program of study is an organized sequence of learning activities which provides the instructional foundation (didactic and clinical) for participants to achieve the desired learning outcomes.
	Participants completing the program should receive validation and have demonstrated competency, through behaviors, knowledge, skills, and ability. This includes intended learning outcomes in measurable behavioral/performance objectives.
	  • Outline of content
	  • Instructional methodology
	  • Actual content to be presented
	     a. Text
	     b. PowerPoint slides
	     c. Handouts
	  • Evaluation tool (copy of test and answers) for determining degree to which objectives were met. Remediate to 100 percent.

☐ **Plan for Supervised Clinical Practice**	Supervised clinical practice is a systematic plan for practicing the behavior/skill related to the Standardized Procedure under the supervision of a qualified instructor for the purpose of mastering the procedure. Includes: Methodology of Practice - Manikin, Patient, or Combination

☐ **Plan for Initial and Periodic Demonstrated Competency**	The plan for demonstration of competency is a systematic plan for assessing and reassessing the nurse's ability to perform the procedure/treatment related to the Standardized Procedure, with appropriate skills and knowledge to the acceptable level of performance.
	  • Include form to document competency.
	  • Include number of times procedure is to be completed for each medication class (if appropriate).
	  • Include plan or course of action in the event that the nurse is deemed incompetent to perform the procedure.

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Required Signatures: The signature of each individual below attests to knowledge and approval of the request for standardized procedure involving patient care beyond basic nursing education of licensed nurses in your facility, as listed in the request.

Chief Nursing Officer: _____ **Date:** _____

Print Name: _____

RN License Number: 1-_____

Chief Medical Officer: _____ **Date:** _____

Print Name: _____

MD License Number: _____

Chief Executive Officer: _____ **Date:** _____

Note: Have the Alabama-licensed chief nursing officer, Alabama-licensed chief medical officer/staff, and chief executive officer of Alabama facility sign on the designated line indicating their knowledge and approval of the request for the standardized (beyond basic education) procedure.

- Print the Names and Enter the date that the application is signed by the chief nursing officer, chief medical officer and chief executive officer.
- Enter the Alabama nursing license number of the chief nursing officer and the Alabama medical license of the chief medical officer on the designated line.
- Mail the completed application with the required attachments to the Alabama Board of Nursing (address on the top of the application form).

Note: The Alabama Board of Nursing recommends that your facility provide each nurse with documentation of demonstrated competency for Standardized Procedures, to facilitate future competency validation.