



**Alabama Board of Nursing  
Proposed Rule Changes  
Comment Period Ends: September 4, 2025  
Summary**

**ABN Administrative Code §§610-X-3-.02 and 610-X-3-.08**

The Board proposes amending the rules to ensure that nursing students are adequately prepared for clinical learning experiences.

**ABN Administrative Code Chapters 610-X-5 and 610-X-9**

The Board proposes amending these chapters to align advanced practice qualifications together under Chapter 9, while more clearly identifying those rules in Chapter 5 that pertain to the collaborative relationship between a CRNP or CNM and a physician.

**ABN Administrative Code Chapters 610-X-13**

The Board proposes amending the chapter to expand eligibility requirements for participants in the VDAP program and to provide expanded options for evaluation and treatment.

APA-1

TRANSMITTAL SHEET FOR NOTICE  
OF INTENDED ACTION

Control: 610

Department or Agency: Alabama Board of Nursing

Rule No.: 610-X-3-.02

Rule Title: Standards For Approval

Intended Action Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

.....  
Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

.....  
Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

Peggy Benson

Peggy Benson, AL

Date

Friday, July 18, 2025

REC'D & FILED  
JUL 18, 2025  
LEGISLATIVE SVC AGENCY

ALABAMA BOARD OF NURSING

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Nursing

RULE NO. & TITLE: 610-X-3-.02 Standards For Approval

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

The Board of Nursing proposes amending the chapter to clarify rules related to clinical learning experiences.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

Written or verbal comments will be accepted through 4:30 pm on Friday, September 4, 2025 and may be directed to Peggy Benson, [Peggy.Benson@abn.alabama.gov](mailto:Peggy.Benson@abn.alabama.gov) or 334/293-5200.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Thursday, September 4, 2025

CONTACT PERSON AT AGENCY:

Peggy Benson

*Peggy Benson*

---

Peggy Benson, AL

(Signature of officer authorized  
to promulgate and adopt  
rules or his or her deputy)

(1) All Alabama prelicensure nursing education programs and advanced practice nursing education programs, including Alabama distance nursing education programs, must be approved by the Alabama Board of Nursing and accredited by a national nursing accrediting agency recognized by the U.S. Department of Education within five (5) years of approval by the Board, in the case of a new program. If a program is unable to satisfy this requirement as the result of ineligibility for accreditation due to the existence of a deficiency or order issued by the Alabama Board of Nursing pursuant to this Chapter, the program shall establish candidacy for accreditation within six (6) months of successful resolution of the deficiency or satisfaction of the terms of the Order. Alabama advanced practice nursing education programs in operation prior to December 31, 2020, are considered in approved status. Advanced practice nursing education programs established in Alabama on or after January 1, 2021, shall obtain Board approval prior to implementation.

(a) Practical nursing programs may satisfy the programmatic accreditation requirements by obtaining accreditation through the Council on Occupational Education (COE).

(2) The governing institution, nursing program administrator, and nursing faculty are accountable for the standards, processes, and outcomes of the nursing education program.

(3) The governing institution offering the nursing program shall be:

(a) A postsecondary education institution that is authorized to offer nursing education and is accredited by an organization recognized by the U.S. Department of Education.

(b) Approved and licensed by the appropriate State of Alabama education agency(ies), as required by law.

(4) The governing institution shall provide support and resources sufficient to ensure achievement of student learning and program outcomes. Resources include, but are not limited to:

(a) Financial.

(b) Education program physical facilities, if appropriate.

(c) Instructional and learning equipment.

(d) Technology, to include simulation tools.

(e) Administrative, instructional, and support personnel.

(5) The governing institution's administrator or program administrator shall notify the Board, in writing, of any substantive changes in the program, including, but not limited to:

(a) Nursing program administrator.

(b) Governing institution administrator, President, CEO, Chancellor, or Provost.

(c) Governance structure of the institution.

(d) Accreditation status and accreditation status reports related to the governing institution or nursing education program.

(e) Ownership or merger of governing institution.

(f) Name of the governing institution or nursing education program.

(g) Relocation of the governing institution or nursing education program.

(h) Significant curriculum changes.

(i) Intent to close a program.

(j) Expanding or collapsing, combining, or separating programs, including, but not limited to, prelicensure programmatic changes, and clinical/role populations preparing advanced practice registered nurses in an approved graduate nursing education degree program, specialty, or sub-specialty track.

(k) Reduction in nursing program faculty size exceeding thirty percent.

(l) Annual turnover in faculty greater than thirty percent.

(m) The percentage of total nursing faculty (full-time, clinical, adjunct, part-time, and other) employed at the institution as full-time faculty falls below thirty percent.

(n) Utilization of virtual or simulation lab in lieu of a "hands-on" lab for anatomy and physiology lab.

(o) Utilization of virtual or simulation lab in lieu of any required direct clinical hours for national certification examination.

(6) There shall be an organizational chart that depicts the authority, responsibility, and channels of communication between the nursing program and the governing institution and other comparable programs within the governing institution.

(7) A nursing education program shall be administered by a qualified program administrator who is accountable for the planning, implementation, and evaluation of the program.

(a) Minimum qualifications of a nursing program administrator shall include:

1. An active, unencumbered Alabama registered nurse license or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

2. An earned graduate degree in nursing. Nursing program administrators for advanced practice nursing education programs should be doctoral prepared.

3. Academic and experiential qualifications to administer a nursing education program.

(8) The governing institution and nursing program administrator shall provide sufficient numbers of qualified faculty to ensure that curriculum implementation and expected program outcomes are achieved and aligned with national nursing accrediting standards. Thirty-five percent of the total faculty, excluding adjunct faculty, are employed at the Institution as full-time faculty. Minimum qualifications of nurse faculty shall include:

(a) An active, unencumbered Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

(b) An earned graduate degree in nursing or a related health field.

(c) Academic and experiential qualifications to teach in the area assigned.

(9) Institutional and program policies, procedures, and other publications, whether written or electronic, shall:

(a) Be written, accurate, and consistent as published, and publicly available.

(b) Address students' abilities to assume clinical assignments including, but not limited to, educational preparedness and physical, mental, and emotional behaviors.

(c) Provide opportunities for students to regularly participate in the development, evaluation, and continuous improvement of the program.

(d) Provide for processes to manage and learn from student near misses and errors.

(e) Provide for student remediation strategies at the beginning of each course and ensure students are aware of how to seek help.

(f) Programs shall hold students accountable for professional behavior, including honesty and integrity while in their program of study.

(g) Provide for availability of assistance for students with disabilities.

(10) All faculty are provided formal orientation and educated in basic instruction or teaching, adult learning principles, curriculum development, test item writing, and simulation standards, as appropriate to the faculty position.

(a) The program shall provide substantive and periodic workshops and presentations devoted to faculty development.

(11) Faculty participate in and are accountable for curriculum development, implementation, and evaluation.

(12) The curriculum of a nursing education program shall:

(a) Enable the student to develop the knowledge, skills, and abilities necessary for the level, scope, and standards of competent nursing practice expected at the level of licensure, approval, or certification.

(b) Provide evidence-based, outcome-focused, and culturally-sensitive theoretical and clinical experiences specific to the expected scope of practice of graduates from each type of nursing education program.

(c) Ensure distance education methods are consistent with the curriculum plan.

(d) The curriculum course work of a prelicensure nursing education program shall have didactic and clinical learning experiences which include but are not limited to:

1. Liberal arts and a sound foundation in biological, physical, social, and behavioral sciences supportive of the nursing education program.

2. Anatomy and physiology with a corresponding lab. Utilizing a "virtual lab" in lieu of a 'hands-on' lab is considered a substantive change and requires Board notification.

3. Nursing foundations, health assessment, pharmacology, nutrition, and community-based nursing.

4. History and trends of nursing, cultural diversity, legal and ethical responsibilities, and nursing scope of practice responsibilities, including leadership, management, delegation, and health care delivery systems.

5. Theoretical and clinical learning experiences across the lifespan in the areas of adult, medical/surgical, maternal/infant, child/pediatric, and psychiatric/mental health and community health nursing that includes simulation, laboratory time, and direct patient care in a licensed health care setting. ~~Provided however, that community~~With the exception of individuals holding valid student nurse apprentice permits issued by the board and engaged in registered apprenticeships, pursuant to the Alabama Industry Recognized and Registered Apprenticeship Program Act, under no circumstances may clinical learning experiences related to health assessment, fundamentals, or adult health medical/surgical courses be conducted using a preceptor model of clinical training. Community health clinical experiences may be conducted in a non-licensed setting. This does not prohibit additional experience in licensed non-health care setting. At least 50% of clinical experiences shall include direct patient care and include a variety of clinical settings sufficient to meet program outcomes.

6. Simulation learning experiences conducted according to acceptable faculty training standards and guidelines which incorporate clinical objectives, student debriefing, and evaluation are acceptable components of the clinical experience. Unless otherwise authorized by the Board, Simulation shall not comprise more than 50% of the clinical learning experience for any course or



patient population. Programs utilizing simulation shall ensure:

(i) There shall be a budget that will sustain the simulation activities and training of the faculty.

(ii) Appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

(iii) Faculty involved in simulations, both didactic and clinical, are oriented and have training in the use of simulation.

(iv) Simulation activities and evaluation criteria are linked to programmatic outcomes.

(v) The simulation activities are managed by or management duties are assigned to an individual who demonstrates continued expertise and competence in the use of simulation through:

a. Certification as Certified Healthcare Simulation Educator; or

b. Completion of two years of experience in healthcare simulation or completion of one or more credit-bearing or continuing education courses regarding healthcare simulation which includes content specific to all of the four domains in the current version of the Certified Healthcare Simulation Educator Examination Blueprint.

(vi) Students shall evaluate the simulation experience on an ongoing basis.

7. Safe and Effective Care Environment, Health Promotion, prevention of illness, and health maintenance, Psychosocial Integrity, and Physiological Integrity across the lifespan.

8. Microbiology for students pursuing an associate or baccalaureate degree.

(13) The governing institution, nursing program administrator, and nursing faculty are accountable for selecting and evaluating the teaching methods, delivery modalities, and processes used to achieve expected program outcomes.

(14) Clinical supervision or preceptorship of students shall comply with the standards set forth in this chapter.

(a) Clinical learning experiences shall be supervised by a registered nurse with knowledge of educational strategies and subject matter, and who is experienced in the clinical technologies essential to the safe practice of nursing.

(b) The clinical supervisor or assigned clinical faculty shall hold an active, unencumbered license to practice professional nursing in Alabama, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

(c) The clinical supervisor or assigned clinical faculty shall be readily accessible to assign or prescribe a course of action, provide procedural guidance, direction, and evaluation for students engaged in the clinical learning experience.

(d) The faculty-student ratio in clinical learning experiences shall be collaboratively determined by the professional nursing faculty, the School of Nursing administration, and the professional nurse administrator, or designee, in the clinical agency. In licensed hospitals that provide inpatient acute care, the faculty to student ratio shall not exceed 1:8 during clinical learning experiences. The faculty-student ratio shall be determined according to the:

1. Complexity of the educational experience.
2. Acuity of the patient(s).
3. Physical layout of the clinical setting.
4. Student's level of knowledge and skills necessary to provide safe patient care.

(e) The nursing education program shall work with clinical agencies for the planning, implementation, and evaluation of clinical experiences.

(f) Clinical learning experiences shall include the development of skills in clinical reasoning, management of care for groups of patients, and delegation to and supervision of other health care personnel performed in acute care and a variety of health care settings.

(g) Nursing faculty shall maintain responsibility and accountability for planning, implementation, and evaluation of all student clinical learning experiences.

(15) Nursing programs that offer only simulations or clinical testing do not meet the requirements for providing clinical learning experiences for nursing students.

(16) Scores on external exams shall not be utilized as the sole criterion for barring a student from graduating from the nursing program who otherwise, has successfully completed all required coursework.

(17) For licensed practical nursing students, a Clinical Resource LPN may be used to enhance, but not replace, faculty-directed clinical learning experiences. The supervising faculty member remains responsible for all students in the clinical setting, including those supervised by CRLPNs.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-2(2).

**History:** Filed September 29, 1982. **Amended:** Filed September 21, 1984; effective October 29, 1984. **Amended:** Filed July 23, 1997; effective August 27, 1997. **Repealed and New Rule:** Filed July 22, 2002; effective August 26, 2002. **Amended:** Filed September 27, 2004; effective November 1, 2004. **Amended:** Filed September 25, 2006; effective October 30, 2006. **Amended:** Filed March 12, 2007; effective April 16, 2007. **Amended:** Filed September 21, 2007; effective October 26, 2007. **Amended:** Filed November 19, 2010; effective December 24, 2010. **Amended:** Filed March 16, 2012; effective April 20, 2012. **Amended:** Filed April 21, 2015; effective May 26, 2015. **Amended:** Filed November 21, 2016; effective January 5, 2017. **Amended:** Filed July 25, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published June 30, 2020; effective August 14, 2020. **Amended:** Published November 30, 2020; effective January 14, 2021.

**Amended:** Published November 30, 2021; effective January 14, 2022. **Amended:** Published May 31, 2022; effective July 15, 2022.

**Amended:** Published November 30, 2022; effective January 14, 2023.

**Amended:** Published July 31, 2024; effective September 14, 2024.

**Amended:** Published January 31, 2025; effective March 17, 2025. \_\_

**Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

APA-1

TRANSMITTAL SHEET FOR NOTICE  
OF INTENDED ACTION

Control: 610

Department or Agency: Alabama Board of Nursing

Rule No.: 610-X-3-.08

Rule Title: Distance Education (In-State And Out Of State)

Intended Action Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

.....

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

.....

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

Peggy Benson

Peggy Benson, AL

Date

Friday, July 18, 2025

REC'D & FILED

JUL 18, 2025

LEGISLATIVE SVC AGENCY

ALABAMA BOARD OF NURSING

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Nursing

RULE NO. & TITLE: 610-X-3-.08 Distance Education (In-State And Out Of State)

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

The Board of Nursing proposes amending the rule to clarify provisions related to distance education.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

Written or verbal comments will be accepted through 4:30 pm on Friday, September 4, 2025 and may be directed to Peggy Benson, [Peggy.Benson@abn.alabama.gov](mailto:Peggy.Benson@abn.alabama.gov) or 334/293-5200.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Thursday, September 4, 2025

CONTACT PERSON AT AGENCY:

Peggy Benson

*Peggy Benson*

---

Peggy Benson, AL

(Signature of officer authorized  
to promulgate and adopt  
rules or his or her deputy)

(1) An Alabama distance-learning prelicensure program or advanced practice education program must be approved by the Alabama Board of Nursing and accredited by a national nursing accrediting agency recognized by the U.S. Department of Education by January 1, 2022, or within five (5) years of Approval by the Board, in the case of a new program.

(2) The delivery of instruction by distance education methods shall enable students to meet the goals, competencies, and objectives of the education program and the standards of the Board, including supervised clinical learning experiences.

(3) A distance-learning program shall establish a means for assessing individual student and program outcomes.

(4) The governing institution of any distance-learning program offering courses in Alabama shall have institutional accreditation by an organization recognized by the U.S. Department of Education.

(5) Distance-learning programs shall comply with all standards of this Chapter, including those related to clinical supervision of student learning experiences for any prelicensure program to include the requirements in 610-X-3-.02 (12) (d)5. The Board may request periodic reports for the purpose of data collection or to determine compliance with the provisions of this chapter.

(6) Nursing Faculty located outside of the state who are employed by the governing institution for delivery of instruction by distance education methods, online instruction, or satellite instruction for an Alabama nursing program shall meet the minimum qualifications for faculty as set forth in this Chapter, including a valid license to practice registered nursing issued by Alabama, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-2(2).

**History: New Rule:** Published November 30, 2020; effective January 14, 2021. Amended: Published ; effective .

APA-1

TRANSMITTAL SHEET FOR NOTICE  
OF INTENDED ACTION

Control: 610

Department or Agency: Alabama Board of Nursing

Rule No.: Chapter 610-X-5

Rule Title: Advanced Practice Nursing - Collaborative Practice

Intended Action Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

.....  
Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.  
.....

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

Peggy Benson  
Peggy Benson, AL

Date

Friday, July 18, 2025

REC'D & FILED  
JUL 18, 2025  
LEGISLATIVE SVC AGENCY

ALABAMA BOARD OF NURSING

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Nursing

RULE NO. & TITLE: Chapter 610-X-5 Advanced Practice Nursing -  
Collaborative Practice

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

Pursuant to Section 34-21-84:

"(a) The Board of Nursing shall be the sole state authority designated to establish the qualifications necessary for a registered nurse to be certified to engage in advanced practice nursing. The Board of Nursing shall recognize the educational qualifications and training of advanced practice nurses by the issuance of a certification of qualification to engage in advanced practice nursing. To be eligible for certification, an applicant shall be currently licensed as a registered nurse in Alabama and shall meet the requirements for certification as an advanced practice nurse as defined in the rules and regulations established by the Board of Nursing.

(b) Pursuant to subsection (a), the Board of Nursing may adopt rules and regulations establishing the procedures for individuals to be certified to engage in advanced practice nursing, as well as grounds for denial or termination of certification or both, and the fees to be paid to the Board of Nursing in connection with an application for certification."

Accordingly, the Board of Nursing proposes repealing the sections of Chapter 610-X-5 that do not relate to the collaborative relationship between a physician and a CRNP or CNM and reconstituting them within Chapter 610-X-9. This action will ensure continuity of regulation between the four roles of advanced practice nurse.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

Written or verbal comments will be accepted through 4:30 pm on Friday, September 4, 2025 and may be directed to Peggy Benson, [Peggy.Benson@abn.alabama.gov](mailto:Peggy.Benson@abn.alabama.gov) or 334/293-5200.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Thursday, September 4, 2025

CONTACT PERSON AT AGENCY:

Peggy Benson

*Peggy Benson*

---

Peggy Benson, AL

(Signature of officer authorized  
to promulgate and adopt  
rules or his or her deputy)



ALABAMA BOARD OF NURSING  
ADMINISTRATIVE CODE

CHAPTER 610-X-5  
ADVANCED PRACTICE NURSING - COLLABORATIVE PRACTICE

TABLE OF CONTENTS

610-X-5-.01	Definitions
610-X-5-.02	Terms And Functions Of The Joint Committee
610-X-5-.03	Qualifications For Approval To Practice As A Certified Registered Nurse Practitioner <u>(Repealed)</u>
610-X-5-.04	Qualifications For Physicians In Collaborative Practice With Certified Registered Nurse Practitioners <u>(Repealed)</u>
610-X-5-.05	Limitations Upon Utilization Of Certified Registered Nurse Practitioners
610-X-5-.06	Application For Approval To Practice As A Certified Registered Nurse Practitioner <u>(Repealed)</u>
610-X-5-.07	Authorization For Practice As A Certified Registered Nurse Practitioner <u>(Repealed)</u>
610-X-5-.08	Temporary Approval To Practice As A Certified Registered Nurse Practitioner <u>(Repealed)</u>
610-X-5-.09	Requirements For Collaborative Practice By Physicians And Certified Registered Nurse Practitioners
610-X-5-.10	Standards Of Practice For Certified Registered Nurse Practitioners <u>(Repealed)</u>
610-X-5-.11	Functions And Activities Of Certified Registered Nurse Practitioners <u>(Repealed)</u>
610-X-5-.12	Prescriptions And Medication Orders By Certified Registered Nurse Practitioners <u>(Repealed)</u>
610-X-5-.13	Reinstatement Of Lapsed Approval For Practice As A Certified Registered Nurse Practitioner <u>(Repealed)</u>
610-X-5-.14	Qualifications For Approval As A Certified Nurse Midwife <u>(Repealed)</u>
610-X-5-.15	Qualifications For Physicians In Collaborative Practice With Certified Nurse Midwives <u>(Repealed)</u>

610-X-5-.16	Limitations Upon Utilization Of Certified Nurse Midwives
610-X-5-.17	Application For Approval To Practice As A Certified Nurse Midwife <u>(Repealed)</u>
610-X-5-.18	Authorization For Practice As A Certified Nurse Midwife <u>(Repealed)</u>
610-X-5-.19	Temporary Approval As A Certified Nurse Midwife <u>(Repealed)</u>
610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives
610-X-5-.21	Standards Of Practice For Certified Nurse Midwives <u>(Repealed)</u>
610-X-5-.22	Functions And Activities Of Certified Nurse Midwives <u>(Repealed)</u>
610-X-5-.23	Prescriptions And Medication Orders By Certified Nurse Midwives <u>(Repealed)</u>
610-X-5-.24	Reinstatement Of Lapsed Approval For Practice As A Certified Nurse Midwife <u>(Repealed)</u>
610-X-5-.25	Grounds For Termination Of Approval Of A Collaborative Practice

#### 610-X-5-.01 Definitions.

(1) Board of Medical Examiners: The State Board of Medical Examiners established pursuant to Code of Ala. 1975, §34-24-53.

(2) Board of Nursing: The Board of Nursing established under Code of Ala. 1975, §34-21-2.

(3) Advanced Practice Nurse in Collaborative Practice: A registered nurse who has gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles and has been approved by the Board of Nursing to engage in the practice of advanced practice nursing. Two categories of advanced practice nurses are subject to the requirements of collaborative practice:

(a) Certified registered nurse practitioners (CRNP).

(b) Certified nurse midwives (CNM).

(4) Advanced Practice Nursing-collaborative practice: The delivery of health care services by registered nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles as certified registered nurse practitioners or certified nurse midwives:

(a) Practice as a certified registered nurse practitioner (CRNP) is the performance of nursing skills by a registered nurse who has demonstrated by certification advanced knowledge and skills in the delivery of nursing services within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.

(b) Practice as a certified nurse midwife (CNM) is the performance of nursing skills by a registered nurse who has demonstrated by certification advanced knowledge and skills relative to the management of women's health care focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning and gynecological needs of women, within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.

(5) Collaboration: A formal relationship between one or more certified registered nurse practitioners or certified nurse midwives and a physician or physicians under which these nurses may engage in advanced practice nursing as evidenced by written protocols approved according to the requirements of Code of Ala. 1975, Section 34-21-80 et seq. or exempted according to requirements of this statute. The term collaboration does not require direct, on-site supervision of the activities of a certified registered nurse practitioner or a certified nurse midwife by the collaborating physician. The term does require such professional medical oversight and direction as may be required by the rules and regulations of the Board of Nursing and the State Board of Medical Examiners.

(6) Physician or Collaborating Physician: A doctor of medicine or a doctor of osteopathy licensed to practice medicine in Alabama who agrees in writing to practice in collaboration with one or more certified registered nurse practitioners or certified nurse midwives according to the rules and regulations adopted by the Board of Nursing and the State Board of Medical Examiners.

(7) Joint Committee Of The Board Of Nursing And The State Board Of Medical Examiners For Advanced Practice Nurses. The Joint Committee of the Board of Nursing and the State Board of Medical Examiners for Advanced Practice Nurses is a committee composed of the following, pursuant to Code of Ala. 1975, section 34-21-80 et seq.

(a) Two physicians licensed to practiced medicine in the State of Alabama;

(b) One registered nurse licensed to practice professional nursing in the State of Alabama;

(c) One licensed physician engaged in collaborative practice with a certified registered nurse practitioner or a certified nurse midwife in the State of Alabama;

(d) One certified registered nurse practitioner engaged in advanced practice nursing with a physician in the State of Alabama; and Nursing

(e) One certified nurse midwife engaged in advanced practice with a physician in the State of Alabama.

(8) Legend Drug: Any drug, medicine, chemical or poison bearing on the label the words, "Caution, federal law prohibits dispensing without prescription" or similar words indicating that such drug, medicine, chemical, or poison may be sold or dispensed only upon the prescription of a licensed practitioner, except that the term legend drug will not include any drug, substance, or compound which is listed in Schedules I through V of the Alabama Uniform Controlled Substances Act.

(9) Prescribe or prescribing. The act of issuing a prescription for a legend drug.

(10) Prescription: An order for a legend drug which is issued and signed by a practitioner authorized by law to prescribe and administer such drugs and is intended to be filled, compounded, or dispensed by a pharmacist.

(11) Protocol: A document approved according to Code of Ala. 1975, Section 34-21-81, establishing the permissible functions and activities to be performed by certified registered nurse practitioners and certified nurse midwives and signed by collaborating physicians and any nurse practitioners or nurse midwives practicing with those physicians.

(12) Medical Oversight: Concurrent and on-going collaboration between a physician and a CRNP or CNM and documentation of time together in a practice site; may include but is not limited to direct consultation and patient care, discussion of disease processes and medical care, review of patient records, protocols and outcome indicators, and other activities to promote positive patient outcomes.

(13) Quality Assurance: Documented evaluation of the clinical practice of the certified registered nurse practitioner or certified nurse midwife against defined quality outcome measures, using a meaningful selected sample of patient records, which will

identify areas needing improvement, set performance goals, and assess progress towards meeting established goals, with a summary of findings, conclusions, and, if indicated, recommendations for change. The physician's signature on the patient record does not constitute quality improvement monitoring.

(14) Principal Practice Site: The main location at which the collaborating physician is engaged in the practice of medicine.

(15) Remote Practice Site: An approved site for collaborative practice without an approved collaborating or covering physician on-site. The collaborating physician's principal practice site, acute care hospitals, skilled nursing facilities, licensed special-care assisted living facilities and licensed assisted living facilities are not remote practice sites for the purpose of these rules.

(16) Readily Available: Response by the collaborating or covering physician by telephone, telecommunication, or radio for consultation, referral, or direct medical intervention as indicated by the needs of a patient and based on usual and customary standards of medical practice.

(17) Direct Medical Intervention: Physical presence of a physician to attend the patient as defined in the collaborative practice protocol.

(18) Covering Physician. A doctor of medicine or a doctor of osteopathy licensed to practice medicine in Alabama who agrees in writing to be readily available to collaborate with and provide medical oversight to one or more certified registered nurse practitioners or certified nurse midwives and, if indicated, to provide medical intervention to patients during the absence of the Collaborating Physician. The covering physician shall be either a member of the same medical practice, practice group, or multidisciplinary medical team, or of the same or similar practice specialty as the collaborating physician and shall abide by the rules and regulations adopted by the Board of Nursing and the Board of Medical Examiners.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-81.

**History: New Rule:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Published April 30, 2021; effective June 14, 2021.

**Terms And Functions Of The Joint Committee.**

(1) The registered nurse members of the Joint Committee shall be appointed to three-year terms by the Board of Nursing in accordance with Code of Ala. 1975, Section 34-21-80 et seq.

(2) The physician members of the Joint Committee shall be appointed to three-year terms by the State Board of Medical Examiners in accordance with Code of Ala. 1975, Section 34-21-80 et seq.

(3) Terms of Joint Committee members shall begin on October 1.

(4) Joint Committee members may be reappointed to one additional term of three years by the respective board.

(5) There shall be a minimum of four Joint Committee members with two representatives from each appointing Board present at a meeting to constitute a quorum for voting.

(6) The Joint Committee shall have the authority to recommend to the Board of Nursing and State Board of Medical Examiners:

(a) Rules and regulations governing the collaborative relationship between physicians and certified registered nurse practitioners and certified nurse midwives engaged in advanced practice nursing.

(b) Model practice protocols to be used by the certified registered nurse practitioner and certified nurse midwife.

(c) A formulary of legend drugs that may be prescribed by a certified registered nurse practitioner and a certified nurse midwife.

(7) The Joint Committee shall perform other duties as directed by the Board of Nursing and State Board of Medical Examiners.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-82, 34-21-85, 34-21-87.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **New Rule:** Filed July 2, 2015; effective August 6, 2015. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Qualifications For Approval To Practice As A  
Certified Registered Nurse Practitioner  
(Repealed)**.

~~(1) The applicant for approval to practice as a certified registered nurse practitioner shall have:~~

~~(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules, unless authorized by the Board.~~

~~(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse that prepares nurse practitioners and is recognized by the Board of Nursing and the appropriate specialty certifying agency.~~

~~(c) At least a master's or higher degree in advanced practice nursing from an accredited program recognized by the Board.~~

~~(d) Current certification as a certified registered nurse practitioner granted by a national certifying agency recognized by the Board of Nursing in the clinical specialty consistent with educational preparation and appropriate to the area of practice~~

~~(2) The applicant for initial approval as a certified registered nurse practitioner who meets one of the following criteria is exempt from the requirement for a master's degree in nursing:~~

~~(a) Graduation prior to 1996 from a Board recognized post-baccalaureate program preparing nurse practitioners.~~

~~(b) Graduation prior to 1984 from a non-baccalaureate program preparing nurse practitioners.~~

~~(3) The Board of Nursing may grant a waiver of the master's degree requirement at its discretion.~~

~~(4) Effective January 1, 2024, have obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice. (Repealed)~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** **New Rule:** Filed August 25, 2003; effective September 29, 2003. **Repealed and New Rule:** Filed July 2, 2015; effective August 6, 2015. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published April 30, 2021; effective June 14, 2021. Repealed: Published  
; effective .

**610-X-5-.04      Qualifications For Physicians In Collaborative Practice With Certified Registered Nurse Practitioners (Repealed) .**

~~(1) The physician in collaborative practice with a certified registered nurse practitioner shall have:~~

~~(a) Possess a current, unrestricted license to practice medicine in the State of Alabama.~~

~~(b) Have satisfied one of the following experience requirements:~~

~~1. Have practiced medicine for at least three years.~~

~~2. Have practiced medicine for at least one year and certified by one or more of the specialty boards recognized by the American Board of Medical Specialties or the American Osteopathic Association; or~~

~~3. Have practiced medicine for at least one year and the collaboration's practice site is limited solely to a general acute care hospital, a critical access hospital, or a specialized hospital licensed as such by the Alabama Department of Public Health.~~

~~(c) Effective January 1, 2024, have obtained continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.~~

~~(d) Paid all collaborative practice fees due to the Board of Medical Examiners and submitted to the Board of Medical Examiners the appropriate form.~~

~~(2) The State Board of Medical Examiners, in its discretion, may waive the practice requirements in 1(b).~~



~~(3) A physician entering into a collaborative practice arrangement with a certified registered nurse practitioner, including those who have been granted temporary approval to practice as a certified registered nurse practitioner under the provisions of Rule 540-X-8-.07, shall notify the State Board of Medical Examiners in writing of the date for commencement of the collaborative practice agreement using the "Commencement of Collaborative Practice" form. The Collaborative Practice Fee must accompany the "Commencement of Collaborative Practice" form.~~

~~(4) A physician in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Medical Examiners of the date on which the collaborative practice agreement terminates. Notification to the Board of Medical Examiners by the Alabama Board of Nursing that a Certified Registered Nurse Practitioner has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the physician's approval to practice under the collaborative practice agreement.~~

~~(5) The Board of Medical Examiners may decline to consider an application where the physician is under investigation for a potential violation of the Code of Alabama, Sections 20-2-54, 34-21-25, or 34-24-360, or any rule of the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama.~~

~~(6) Effective January 1, 2024, all collaborating physicians shall obtain continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing collaborative practice in Alabama every forty-eight months (48) following commencement of the collaborative practice (Repealed)~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-83.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 22, 2005; effective August 26, 2005. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Filed September 27, 2018; effective November 11, 2018.

**Amended:** Published April 30, 2021; effective June 14, 2021.

**Repealed:** Published \_\_\_\_\_; effective \_\_\_\_\_.

## **610-X-5-.05**

### **Limitations Upon Utilization Of Certified Registered Nurse Practitioners.**

(1) A physician may enter into collaborative agreements with certified registered nurse practitioners not exceeding a cumulative three hundred and sixty (360) hours (nine FTEs) per week. The physician shall not collaborate with or supervise any

combination of certified registered nurse practitioners, certified nurse midwives and/or Physician Assistants exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions). "One full-time equivalent" (FTE) is herein described as a person/persons collectively working forty hours a week, excluding time on call.

(a) A physician collaborating with more than four FTEs per week shall engage in documented quality assurance review with each CRNP every month for six (6) months following the commencement of a collaborative practice with a new CRNP.

(b) A physician shall disclose to the Board of Medical Examiners the existence of all collaborative and supervisory agreements to which the physician is a party, including collaborative and supervisory agreements in other states, and shall not be eligible to collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or Physician Assistants exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions), inclusive of collaborative and supervisory agreements existing in other states. Agreements with an individual certified registered nurse practitioner, certified nurse midwife, and/or Physician Assistants in multiple states shall only be counted once for purposes of calculating the total number of full-time equivalent positions.

(2) Employees of the Alabama Department of Public Health and county health departments are specifically exempt from the requirements of paragraph (1) of this rule.

(3) Effective October 5, 2018, CRNPs practicing under approved limited protocols, specified and approved by the Board of Nursing and the Board of Medical Examiners, may be specifically exempt from the FTE requirements of paragraph (1) of this rule, or as specified in the limited protocol, as determined by the Board of Nursing and the Board of Medical Examiners.

(4) A physician in collaborative practice may request approval from the Joint Committee for additional full-time certified registered nurse practitioner positions, with consideration given to the following factors, to ensure that an acceptable standard of care is rendered:

(a) Availability of the physician.

(b) Practice settings and staffing needs for extended hours of service.

(c) Risk to patients.

(d) Educational preparation, specialty and experience of the parties in the collaborative practice.

(e) Complexity and risk of procedures to be performed.

(5) Any certified registered nurse practitioner engaged in practice with a collaborating physician prior to the effective date of this rule may not be denied approval for continued collaborative practice with that physician based on the ratio established in this rule.

(6) A physician in collaboration with CRNP, CNM or supervising Physician Assistant personnel totaling 360 hours per week (nine (9) FTEs) may request a transitional allowance increasing the total weekly hours for the purpose of orientation of the incoming CRNP. The transitional allowance shall not exceed 45 days. The physician shall request the transitional allowance in writing and specify the starting date for this FTE allowance.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-80 et seq.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 22, 2005; effective August 26, 2005. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Filed July 20, 2018; effective September 3, 2018; operative October 5, 2018. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published April 30, 2021; effective June 14, 2021.

610-X-5-.06

**Application For Approval To Practice As A  
Certified Registered Nurse Practitioner  
(Repealed).**

~~(1) The applicant for approval to practice as a certified registered nurse practitioner shall submit to the Board:~~

~~(a) The required fee(s) and a completed application including the standard protocol to be followed by the certified registered nurse practitioner and each collaborating physician, unless application is made for an exemption from a collaborative practice agreement as provided for in Rule 610-X-5-.07.~~

~~(b) An official transcript of education for advanced practice nursing as a nurse practitioner that indicates the date of completion of the program and the date degree or certificate was conferred if the dates are not the same.~~

~~(c) Official evidence of current certification as a nurse practitioner by the respective specialty certifying agency appropriate to the applicant's educational preparation, proposed clinical area of practice, and proposed collaborating physician's area of practice.~~

~~(2) The Board of Nursing may decline to consider an applicant who is under investigation for a potential violation of the **Code of Ala. 1975 (Repealed)**, Section 34-21-25 and the Alabama Board of Nursing Administrative Code, Chapter 610-X-8.~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-84, 34-21-85.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015. **Repealed:** Published ; effective .

610-X-5-.07

**Authorization For Practice As A Certified  
Registered Nurse Practitioner (Repealed)**

~~(1) The Board of Nursing may grant a certificate of qualification for advanced practice nursing as a certified registered nurse practitioner to applicants who meet the requirements of 610-X-5-.03.~~

~~(2) Use of the designation "CRNP" or of any titles that imply that they are certified registered nurse practitioners shall be restricted to those registered nurses who have been issued certificates of qualification by the Board of Nursing and either:~~

~~(a) Have current approval for collaborative practice in the state of Alabama;~~

~~(b) Are employed by the United States government and working in federal facilities; or~~

~~(c) Hold teaching positions in nurse practitioner education programs recognized by the Alabama Board of Nursing. Prior to approval as a CRNP, the registered nurse may use only the designation or title granted by the national certifying agency.~~

~~(3) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified registered nurse practitioner and collaborating physician designated in the application is automatically withdrawn.~~

~~(a) The certified registered nurse practitioner and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination. Failure to notify the respective board of termination may be considered a violation of these rules and regulations.~~

~~(b) The certified registered nurse practitioner shall notify the Board of Nursing using the designated on-line form for terminating a collaboration.~~

~~(c) A certified registered nurse practitioner in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Nursing of the date on which the collaborative practice agreement terminates. Notification to the Board of Nursing by the Alabama Board of Medical Examiners that a physician has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the certified registered nurse practitioner's approval to practice under the collaborative practice agreement.~~

~~(4) The advanced practice approval shall expire prior to the RN license if the nurse practitioner's national certification expires during the license period.~~

~~(5) Approval for advanced practice may be continued at the time of renewal, upon verification of:~~

~~(a) Meeting the requirements of Rule 610-X-5-.03.~~

~~(b) Continued collaboration with the approved physician(s) or eligibility for continued exemption from collaboration.~~

~~(c) Payment of the advanced practice renewal fee.~~

~~(d) Six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice. Graduate pharmacology academic credit earned during the nurse practitioner educational program prior to initial approval as a CRNP does not qualify as pharmacology continuing education for renewal of approval as a CRNP.~~

~~(e) Effective January 1, 2024, documented evidence of completion of continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.~~

~~(6) Failure to meet the requirements for renewal shall result in lapse of the advanced practice approval.~~

~~(7) A nurse who fails to attain or maintain national certification as a nurse practitioner from a national certifying agency shall:~~

~~(a) Immediately notify the Board of Nursing.~~

~~(b) Not practice as or use the title of certified registered nurse practitioner until approved by the Board of Nursing.~~

~~(Repealed)~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-90.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Filed July 2, 2015; effective August 6, 2015. **Amended:** Filed April 22, 2016; effective June 6, 2016. **Amended:** Filed September 27, 2018; effective November 11, 2018. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published November 29, 2019; effective January 13, 2020. **Amended:** Published April 30, 2021; effective June 14, 2021. Repealed: Published \_\_\_\_\_; effective \_\_\_\_\_.

**610-X-5-.08**

**Temporary Approval To Practice As A Certified Registered Nurse Practitioner (Repealed).**

~~(1) The applicant for approval to practice as a certified registered nurse practitioner may be granted temporary approval for practice under the following stipulations until such time as the application is approved or denied by the Board of Nursing and the Board of Medical Examiners.~~

~~(a) The applicant shall meet the requirements of Rules 610-X-5-.03 and 610-X-5-.06~~

~~(b) The collaborating physician shall meet the qualifications established in Rule 610-X-5-.04.~~

~~(c) Temporary approval is limited to the standard protocol and formulary approved by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners and does not include the authority to:~~

~~(i) Perform additional skills as provided in Rule 610-X-5-.11.~~

~~(ii) Prescribe drugs that are listed in the standard formulary with "Restrictions."~~

~~(2) Provisional Approval: An Alabama license registered nurse who meets the requirements of Rules 610-X-5-.03 and 610-X-5-.06 with the exception of national certification, and who has applied for initial certification may be granted temporary approval under paragraph (1)(c) of this rule with these additional stipulations.~~

~~(a) Practice under the on-site supervision of an approved certified registered nurse practitioner or a licensed physician.~~

~~(b) During the period of provisional approval, there shall be one hundred percent review of patient cases by the collaborating physician.~~

~~(c) The nurse practitioner with provisional approval may use the designation "Graduate Registered Nurse Practitioner."~~

~~(d) Provisional approval to practice is limited to a maximum of six months and shall expire immediately upon:~~

~~(i) Notification of approval by the Board of Nursing.~~

~~(ii) Notification of failing the certification exam.~~

~~(3) Interim Approval: If the relationship with the collaborating physician is terminated, a certified registered nurse practitioner approved to practice under the provisions of these rules may continue in a collaborative practice with an interim physician after application for approval until such time as the new application is approved or denied, provided the interim physician meets the qualifications established in Rule 610-X-5-.04.~~

~~(4) An applicant for approval to practice as a certified registered nurse practitioner may be granted temporary approval when either the collaborating physician or certified registered nurse practitioner applicant is under investigation by a state or federal authority. The temporary approval shall remain in force until the application has been approved, denied, or withdrawn. However, the Board of Nursing or Board of Medical Examiners may decline to approve the application until the investigation has been concluded. The Board of Medical Examiners may withdraw temporary approval in accordance with Rule 540-X-8-.13 **(Repealed)**~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-84, 34-21-85.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Published November 30, 2020; effective January 14, 2021. **Amended:** Published April 30, 2021; effective June 14, 2021. **Repealed:** Published ; effective .

**610-X-5-.09      Requirements For Collaborative Practice By  
Physicians And Certified Registered Nurse  
Practitioners.**

(1) The collaborating physician shall:

(a) Provide professional medical oversight and direction to the certified registered nurse practitioner.

(b) Be readily available for direct communication or by radio, telephone or telecommunications.

(c) Be readily available for consultation or referrals of patients from the certified registered nurse practitioner.

(d) Be readily available at each remote practice site.

(2) In the event the collaborating physician is not readily available, provisions shall be made for professional medical coverage by a covering physician who is readily available, who is pre-approved by the Board of Medical Examiners, and who is familiar with these rules. The collaborating physician shall certify to the Board of Medical Examiners at least annually that any approved covering physician continues to agree to serve in that capacity and shall inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination.

(3) In the event of an unanticipated, permanent absence of a collaborating physician, a previously approved covering physician may be designated as a temporary collaborating physician for a period of up to sixty (60) days. During the sixty (60) day time period, an application designating a new collaborating physician should be submitted for approval.

(4) The certified registered nurse practitioner's scheduled hours in patient homes, facilities licensed by the Alabama Department of Public Health, facilities certified by the Alabama Department of Mental Health, and, effective October 5, 2018, when practicing under specified limited protocols, are not subject to the required minimum hours for physician presence.

(5) The collaborating physician shall:



(a) Have no additional requirement for documentation of on-site collaboration when working in the same facility with the certified registered nurse practitioner (CRNP).

(b) Be present for not less than ten percent (10%) of the CRNP's scheduled hours in an approved practice site with CRNP who has less than two (2) years (4,000 hours) of collaborative practice experience:

(i) Since initial certification; or

(ii) In the collaborating physician's practice specialty.

(c) Maintain documentation of the CRNP's two (2) years (4,000 hours) of collaborative practice experience for the duration of the collaborative practice and for three (3) years following the termination of the collaborative practice agreement.

(d) Visit remote practice sites no less than twice annually.

(e) Meet no less than quarterly with the CRNP who has more than two (2) years (4,000 hours) of collaborative practice experience.

(f) Complete quarterly quality assurance with each CRNP. Documentation of any quality assurance review required by this chapter shall be maintained by the collaborating physician for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.

(g) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.

(6) The collaborating physician shall provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.04.

(7) The Joint Committee may, at its discretion, waive the requirements of written verification of physician availability upon documentation of exceptional circumstances. Employees of the Alabama Department of Public Health and county health departments are exempt from the requirements of written verification of physician availability.

(8) A written standard protocol specific to the specialty practice area of the certified registered nurse practitioner and the specialty practice area of the collaborating physician,

approved and signed by both the collaborating physician and the certified registered nurse practitioner, shall:

- (a) Identify all sites where the certified registered nurse practitioner will practice within the collaboration protocol.
  - (b) Identify the physician's principal practice site.
  - (c) Be maintained at each practice site and be on file with the Board of Nursing and Board of Medical Examiners.
  - (d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified registered nurse practitioner consistent with these rules and which are appropriate for the collaborative practice setting.
  - (e) Include a pre-determined plan for emergency services.
  - (f) Specify the process by which the certified registered nurse practitioner shall refer a patient to a physician other than the collaborating physician.
  - (g) Specify a plan for quality assurance management defined quality outcome measures for evaluation of the clinical practice of the certified registered nurse practitioner and include review of a meaningful sample of medical records plus all adverse outcomes.
  - (h) Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change. Quality assurance monitoring may be performed by designated personnel, with final results presented to the physician and certified registered nurse practitioner for review. The certified registered nurse practitioner shall maintain a copy of the plan for quality assurance, in a form prescribed by the Board, on file with the Board of Nursing. The collaborating physician shall maintain an updated copy of the plan for quality assurance on file with the Board of Medical Examiners.
- (9) The physician shall maintain independent medical judgment related to the practice of medicine at all times, irrespective of employment structure or business model.
- (10) Irrespective of the location of the principal practice site and any remote site(s) of the collaboration, all services provided to patients and actions incident to services provided to

patients of the collaborative practice shall be deemed to have occurred in the state where the patient is located at the time of service or action incident to the service. The collaborating physician, covering physician, and certified registered nurse practitioner shall comply with all applicable Alabama laws, rules, and regulations pertaining to services and actions incident to services provided to Alabama patients of the collaborative practice. Actions incident to services include, but are not limited to, professional medical oversight and direction to the certified registered nurse practitioner regarding Alabama patients, consultation, or referral of Alabama patients from the certified registered nurse practitioner, quality assurance review of the medical records of Alabama patients, and maintenance of documentation pursuant to this chapter. The collaborating physician shall maintain all documentation required pursuant to this chapter for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-85.

**History: New Rule:** Filed August 25, 2003; effective September

29, 2003. **Amended:** Filed July 22, 2005; effective August 26,

2005. **Amended:** Filed October 6, 2006; effective November 10,

2006. **Amended:** Filed March 21, 2008; effective April 25, 2008.

**Amended:** Filed September 24, 2012; effective October 29, 2012.

**Amended:** Filed July 2, 2015; effective August 6, 2015. **Amended:**

Filed January 22, 2018; effective March 8, 2018. **Amended:** Filed

July 20, 2018; effective September 3, 2018; operative October 5,

2018. **Amended:** Filed May 20, 2019; effective July 4, 2019.

**Amended:** Published April 30, 2021; effective June 14, 2021.

610-X-5-.10

**Standards Of Practice For Certified Registered  
Nurse Practitioners (Repealed).**

~~The certified registered nurse practitioner shall practice in accordance with national standards and functions identified by the appropriate specialty certifying agency as recognized by the Board of Nursing and as congruent with Alabama law. (Repealed)~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-81.

**History: New Rule:** Filed August 25, 2003; effective September

29, 2003. **Repealed and New Rule:** Filed July 2, 2015; effective

August 6, 2015. Repealed: Published ; effective.

**Functions And Activities Of Certified Registered Nurse Practitioners (Repealed)**.

~~(1) The certified registered nurse practitioner is responsible and accountable for the continuous and comprehensive management of a broad range of health services for which the certified registered nurse practitioner is educationally prepared and for which competency is maintained, with physician collaboration as described in these rules. These services include but are not restricted to the following:~~

~~(a) Evaluate current health status and risk factors of individuals based on comprehensive health history and comprehensive physical examinations and assessments.~~

~~(b) Formulate a working diagnosis, develop and implement a treatment plan, evaluate and modify therapeutic regimens to promote positive patient outcomes.~~

~~(c) Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs.~~

~~(d) Counsel, teach and assist individuals and families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration.~~

~~(e) Consult with and refer to other health care providers as appropriate.~~

~~(2) A standard protocol approved by the Board of Nursing and State Board of Medical Examiners shall address permissible functions and activities specific to the advanced practice of the certified registered nurse practitioner.~~

~~(3) A certified registered nurse practitioner may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse practitioner educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified registered nurse practitioner. Such functions shall be submitted to the Joint Committee for consideration for inclusion on the standard protocol.~~

~~(4) Requests for additional functions to be added to the protocol may be submitted to the Joint Committee for consideration.~~

~~(5) A certified registered nurse practitioner may write admission orders for inpatients as directed by the physician and subsequent orders in accordance with established protocols and institutional policies. (Repealed)~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-87.

**History:** **New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed September 22, 2008; effective October 27, 2008. **Amended:** Filed July 2, 2015; effective August 6, 2015. Repealed: Published \_\_\_\_\_; effective \_\_\_\_\_.

**610-X-5-.12      Prescriptions And Medication Orders By Certified Registered Nurse Practitioners (Repealed).**

~~(1) Certified registered nurse practitioners engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified registered nurse practitioner curriculum.~~

~~(2) Certified registered nurse practitioners practicing under protocols approved in the manner prescribed by **Code of Ala. 1975 (Repealed)**, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:~~

~~(a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.~~

~~(b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified registered nurse practitioner. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs as identified in the Physician's Desk Reference or Product Information Insert, and do not:~~

~~(i) Exceed the recommended treatment regimen periods.~~

~~(ii) Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.~~

~~(c) Drugs and medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.~~

~~(d) "Off Label" use or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:~~

~~(i) Within the current standard of care for treatment of disease or condition.~~

~~(ii) Supported by evidence-based research.~~

~~(iii) Approved by the collaborating physician and entered into the patient record.~~

~~(3) A certified registered nurse practitioner shall not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified registered nurse practitioner is not authorized to prescribe under the protocol signed by the collaborating physician and certified registered nurse practitioner and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.~~

~~(4) A written prescription for any drug that the certified registered nurse practitioner is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient's record and signed by the certified registered nurse practitioner.~~

~~(5) The certified registered nurse practitioner in collaborative practice with prescriptive privileges shall not engage in prescribing for:~~

~~(a) Self.~~

~~(b) Immediate family members.~~

~~(c) Individuals who are not patients of the practice, except in cases where a certified registered nurse practitioner is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).~~

~~(6) The certified registered nurse practitioner who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice,~~

~~provided the certified registered nurse practitioner complies with all applicable state and federal laws and regulations.~~

~~(7) When prescribing legend drugs a certified registered nurse practitioner shall use a prescription format that includes all of the following:~~

~~(a) The name, medical practice site address, and telephone number of the collaborating physician or covering physician.~~

~~(b) The name of the certified registered nurse practitioner.~~

~~(c) The medical practice site address and telephone number of the certified registered nurse practitioner if different from that of the collaborating physician.~~

~~(d) The certified registered nurse practitioner's registered nurse license number assigned by the Board of Nursing.~~

~~(e) The words "Product Selection Permitted" printed on one side of the prescription form directly beneath a signature line.~~

~~(f) The words "Dispense as written" printed on one side of the prescription form directly beneath a signature line.~~

~~(g) The date the prescription is issued to the patient.~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-86.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Filed November 21, 2016; effective January 5, 2017.

**Amended:** Filed May 20, 2019; effective July 4, 2019. **Amended:**

Published April 30, 2021; effective June 14, 2021. **Repealed:**  
Published ; effective .

610-X-5-.13

**Reinstatement Of Lapsed Approval For Practice As**  
**A Certified Registered Nurse Practitioner**  
**(Repealed) .**

~~(1) Lapsed approval as a certified registered nurse practitioner may be reinstated upon submission of a completed application and compliance with the following:~~

~~(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.~~

~~(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.~~

~~(c) Official evidence of current national certification as a certified registered nurse practitioner by a national certifying agency recognized by the Board.~~

~~(d) Documented evidence of completion of six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice earned within the 24 months immediately preceding application.~~

~~(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval shall be the expiration date of the RN license or the expiration date of the licensee's national certification as a certified registered nurse practitioner, whichever occurs first.~~

~~(3) Effective January 1, 2024, have obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice. (Repealed)~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History: New Rule:** Filed September 27, 2018; effective November 11, 2018. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published April 30, 2021; effective June 14, 2021. Repealed: Published \_\_\_\_\_; effective \_\_\_\_\_.

**610-X-5-.14**

**Qualifications For Approval As A Certified Nurse Midwife (Repealed).**

~~(1) The applicant for approval to practice as a certified nurse midwife shall have:~~

~~(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules, unless authorized by the Board.~~

~~(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse, that~~



~~prepares nurse midwives and is recognized by the Board of Nursing and the appropriate specialty certifying agency.~~

~~(c) At least a master's or higher degree in advanced practice nursing from an accredited program recognized by the Board. The applicant for initial approval as a nurse midwife who meets one of the following criteria is exempt from the requirement for a master's degree in nursing:~~

~~(i) Graduation prior to 1996 from a Board recognized post-baccalaureate program preparing nurse midwives.~~

~~(ii) Graduation prior to 1984 from a non-baccalaureate program preparing nurse midwives.~~

~~(iii) The Board of Nursing may grant a waiver of the master's degree requirement at its discretion.~~

~~(d) Current certification as a certified nurse midwife by the American Midwifery Certification Board.~~

~~(e) Effective January 1, 2024, obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.~~

(Repealed)

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published April 30, 2021; effective June 14, 2021. **Repealed:** Published \_\_\_\_\_; effective \_\_\_\_\_.

610-X-5-.15

**Qualifications For Physicians In Collaborative Practice With Certified Nurse Midwives**  
**(Repealed)**.

~~(1) The physician in collaborative practice with a certified nurse midwife shall:~~

~~(a) Possess a current unrestricted license to practice medicine in the State of Alabama.~~

~~(b) Practiced medicine, including the active practice of obstetrics and/or gynecology, for at least one year, if the~~

~~physician is certified by or eligible for board certification by a specialty board approved by the American Medical Association or by the American Osteopathic Association; or have practiced medicine, including the active practice of obstetrics and/or gynecology, for at least three years.~~

~~(c) Paid all collaborative practice fees due to the Board of Medical Examiners and submitted to the Board of Medical Examiners the appropriate form.~~

~~(2) The State Board of Medical Examiners, in its discretion, may waive the practice requirements in 1(b).~~

~~(3) A physician entering into a collaborative practice arrangement with a certified nurse midwife, including those who have been granted temporary approval to practice as a certified nurse midwife under the provisions of Rule 540-X-8-.21, shall notify the State Board of Medical Examiners in writing of the date for commencement of the collaborative practice agreement using the Commencement of Collaborative Practice" form. The Collaborative Practice fee must accompany the "Commencement of Collaborative Practice" form.~~

~~(4) A physician in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Medical Examiners of the date on which the collaborative practice agreement terminates. Notification to the Board of Medical Examiners by the Alabama Board of Nursing that a Certified Nurse Midwife has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the physician's approval to practice under the collaborative practice agreement.~~

~~(5) The Board of Medical Examiners may decline to consider an application where the physician is under investigation for a potential violation of the Code of Alabama, Sections 20-2-54, 34-21-25, or 34-24-360, or any rule of the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama.~~

~~(6) Effective January 1, 2024, all collaborating physicians shall obtain continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice. (Repealed)~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-83.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 22, 2005; effective August 26, 2005. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Filed September 27, 2018; effective November 11, 2018.  
**Amended:** Published April 30, 2021; effective June 14, 2021.  
**Repealed:** Published ; effective .

**610-X-5-.16      Limitations Upon Utilization Of Certified Nurse Midwives.**

(1) A physician may enter into a collaborative agreement with certified nurse midwives not exceeding a cumulative three hundred and sixty (360) hours (nine FTEs) per week.

The physician shall not collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians Physician Assistants exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions). "One full-time equivalent" (FTE) is herein described as a person/persons collectively working forty hours a week, excluding time on call.

(a) A physician collaborating with more than four FTEs per week shall engage in documented quality assurance review with each CRNP every month for six (6) months following the commencement of a collaborative practice with a new CNM.

(b) A physician shall disclose to the Board of Medical Examiners the existence of all collaborative and supervisory agreements to which the physician is a party, including collaborative and supervisory agreements in other states, and shall not be eligible to collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians Physician Assistants exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions), inclusive of collaborative and supervisory agreements existing in other states. Agreements with an individual certified registered nurse practitioner, certified nurse midwife, and/or Physician Assistants in multiple states shall only be counted once for purposes of calculating the total number of full-time equivalent positions.

(2) Employees of the Alabama Department of Public Health and county health departments are specifically exempt from the requirements of paragraph (1) of this rule.

(3) A physician in collaborative practice may request approval for additional full-time certified nurse midwife positions by the Joint Committee, with consideration given to the following

factors to ensure that an acceptable standard of care is rendered:

- (a) Availability of the physician.
- (b) Practice settings and staffing needs for extended hours of service.
- (c) Risk to patients.
- (d) Educational preparation, specialty and experience of the parties in the collaborative practice.
- (e) Complexity and risk of procedures to be performed.

(4) A physician in collaboration with CRNP, CNM or supervising Physician Assistant personnel totaling 360 hours per week (nine (9) FTEs) may request a transitional allowance increasing the total weekly hours for the purpose of orientation of the incoming CNM. The transitional allowance shall not exceed 45 days. The physician shall request the transitional allowance in writing and specify the starting date for this FTE allowance.

(5) Any certified nurse midwife engaged in practice with a collaborating physician prior to the effective date of this rule may not be denied approval for continued collaborative practice with that physician based on the ratio established in this rule.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975. §34-21-87.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Published April 30, 2021; effective June 14, 2021.

**610-X-5-.17      Application For Approval To Practice As A  
Certified Nurse Midwife (Repealed).**

~~(1) The applicant for approval to practice as a certified nurse midwife shall submit to the Board:~~

~~(a) The required fee(s) and a completed application including the standard protocol to be followed by the certified nurse midwife and each collaborating physician, unless application is made for an exemption from a collaborative practice agreement as provided in Rule 610-X-5-.18.~~

~~(b) An official transcript of education for advanced practice nursing as a nurse midwife that indicates the date of~~

~~completion of the program and the date the degree or certificate was conferred if the dates are not the same.~~

~~(c) Official evidence of current certification as a certified nurse midwife by the American College of Nurse-Midwives Certification Council.~~

~~(2) The Board of Nursing may decline to consider an applicant who is under investigation for a potential violation of the **Code of Ala. 1975 (Repealed)**, Section 34-21-25 and the Alabama Board of Nursing Administrative Code, Chapter 610-X-8.~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-90.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015. **Repealed:** Published ; effective.

**610-X-5-.18      Authorization For Practice As A Certified Nurse Midwife (Repealed).**

~~(1) The Board of Nursing may grant a certificate of qualification for advanced practice nursing as a nurse midwife to applicants who meet all requirements of 610-X-5-.14.~~

~~(2) Use of the designation "CNM" or of any titles that imply that they are certified nurse midwives shall be restricted to those registered nurses who have been issued certificates of qualification by the Board of Nursing and either:~~

~~(a) Have current approval for collaborative practice in the state of Alabama.~~

~~(b) Are employed by the United States government and working in federal facilities.~~

~~(c) Hold teaching positions in nurse midwife education programs recognized by the Alabama Board of Nursing. Prior to approval as a CNM, the registered nurse may use only the designation or title granted by the national certifying agency.~~

~~(3) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified nurse midwife and collaborating physician designated in the application is automatically withdrawn.~~

~~(a) The certified nurse midwife and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination. Failure to notify the respective board of termination may be considered a violation of these rules and regulations.~~

~~(b) The certified nurse midwife shall notify the Board of Nursing using the designated on-line form for terminating a collaboration.~~

~~(c) A certified nurse midwife in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Nursing of the date on which the collaborative practice agreement terminates. Notification to the Board of Nursing by the Alabama Board of Medical Examiners that a physician has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the certified nurse midwife's approval to practice under the collaborative practice agreement.~~

~~(4) The advanced practice approval shall expire prior to the RN license if the advanced practice national specialty certification expires during the license period.~~

~~(5) Approval for advance practice may be continued at the time of renewal, upon verification of:~~

~~(a) Meeting the requirements of Rule 610-X-5-.14.~~

~~(b) Continued collaboration with the approved physician(s) or eligibility for continued exemption from collaboration.~~

~~(c) Payment of the advanced practice nursing renewal fee.~~

~~(d) Six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice. Graduate pharmacology academic credit earned during the nurse midwife educational program prior to initial approval as a CNM does not qualify as pharmacology continuing education for renewal of approval as a CNM.~~

~~(e) Effective January 1, 2024, documented evidence of completion of continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.~~

~~(6) Failure to meet the requirements for renewal shall result in lapse of the advanced practice approval.~~

~~(7) A nurse who fails to attain or maintain national certification as a nurse midwife from the American College of Nurse-Midwives Certification Council shall:~~

~~(a) Immediately notify the Board of Nursing.~~

~~(b) Not practice or use the title of certified nurse midwife until approved by the Board of Nursing.~~ (Repealed)

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-90.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Filed April 22, 2016; effective June 6, 2016. **Amended:**

Filed September 27, 2018; effective November 11, 2018. **Amended:**

Filed July 26, 2019; effective September 9, 2019; operative

January 1, 2020. **Amended:** Published November 29, 2019; effective

January 13, 2020. **Amended:** Published April 30, 2021; effective

June 14, 2021. **Repealed:** Published ; effective .

**610-X-5-.19      Temporary Approval As A Certified Nurse Midwife**  
**(Repealed).**

~~(1) The applicant for approval to practice as a certified nurse midwife may be granted temporary approval for practice under the following stipulations until such time as the application is approved or denied by the Board of Nursing and the Board of Medical Examiners.~~

~~(a) The applicant shall meet the requirements of Rules 610-X-5-.14 and 610-X-5-.17.~~

~~(b) The collaborating physician shall meet the qualifications established in Rule 610-X-5-.15.~~

~~(c) Temporary approval is limited to the standard protocol and formulary, including oxytocics, approved by the Joint Committee of the Alabama Board of Nursing and the Alabama State Board of Medical Examiners and does not include the authority to:~~

~~(i) Perform additional skills as provided in Rule 610-X-5-.22.~~

~~(ii) Prescribe drugs other than oxytocics that are defined in the standard formulary with "Restrictions."~~

~~(2) Provisional Approval: An Alabama-licensed registered nurse who meets the requirements of Rules 610-X-5-.14 and 610-X-5-.17 with the exception of national certification, and who has applied for initial certification may be granted temporary approval under paragraph (1)(c) of this rule with these additional stipulations.~~

~~(a) Practice under the on-site supervision of an approved certified nurse midwife or a licensed physician.~~

~~(b) During a minimum of the first thirty days of practice or until satisfactory clinical skills are demonstrated, the collaborating physician or covering physician shall be in attendance at all deliveries by the nurse midwife. The nurse midwife shall contact the collaborating physician or the physician providing medical coverage.~~

~~(c) The nurse midwife with provisional approval may use the designation "Graduate Nurse Midwife."~~

~~(d) Provisional approval to practice is limited to a maximum of six months and shall expire immediately upon:~~

~~(i) Notification of approval by the Board of Nursing~~

~~(ii) Notification of failing the certification exam.~~

~~(3) Interim Approval: If the relationship with the collaborating physician is terminated, a certified nurse midwife approved to practice under the provisions of these rules may continue in a collaborative practice with an interim physician after application for approval until such time as the new application is approved or denied, provided all requirements and stipulations for temporary approval cited in paragraph (1) are met.~~

~~(4) An applicant for approval to practice as a certified nurse midwife may be granted temporary approval when either the collaborating physician or certified nurse midwife applicant is under investigation by a state or federal authority. The temporary approval shall remain in force until the application has been approved, denied, or withdrawn. However, the Board of Nursing or Board of Medical Examiners may decline to approve the application until the investigation has been concluded. The Board of Medical Examiners may withdraw temporary approval in accordance with Rule 540-X-8-.13. (Repealed)~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-84, 34-21-85.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Published November 30, 2020; effective January 14,



2021. **Amended:** Published April 30, 2021; effective June 14, 2021. **Repealed:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

**610-X-5-.20                    Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives.**

- (1) The collaborating physician shall:
  - (a) Provide professional medical oversight and direction to the certified nurse midwife.
  - (b) Be readily available for direct communication or by radio, telephone or telecommunications.
  - (c) Be readily available for consultation or referrals of patients from the certified nurse midwife.
  - (d) Be readily available during labor management to provide direct medical intervention and to attend deliveries if needed.
  - (e) Be readily available at each remote practice site.
- (2) In the event the collaborating physician is not readily available, provisions shall be made for professional medical oversight and direction by a covering physician who is readily available, who is pre-approved by the Board of Medical Examiners, and who is familiar with these rules. The collaborating physician shall certify to the Board of Medical Examiners at least annually that any approved covering physician continues to agree to serve in that capacity and shall inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination.
- (3) In the event of an unanticipated, permanent absence of a collaborating physician, a previously approved covering physician may be designated as a temporary collaborating physician for a period of up to sixty (60) days. During the sixty (60) day time period, an application designating a new collaborating physician should be submitted for approval.
- (4) The certified nurse midwife's scheduled hours in patient homes, facilities licensed by the Alabama Department of Public Health and facilities certified by the Alabama Department of Mental Health are not subject to the required minimum hours for physician presence.
- (5) The collaborating physician shall:

(a) Have no additional requirement for documentation of on-site collaboration when working in the same facility with the certified nurse midwife (CNM).

(b) Be present for not less than ten percent (10%) of the CNM's scheduled hours in an approved practice site with CNM who has less than two (2) years (4,000 hours) of collaborative practice experience:

(i) Since initial certification, or

(ii) In the collaborating physician's practice specialty.

(c) Maintain documentation of the CNM's two (2) years (4,000 hours) of collaborative practice experience for the duration of the collaborative practice and for three (3) years following the termination of the collaborative practice agreement.

(d) Visit remote practice sites no less than twice annually.

(e) Meet no less than quarterly with the CNM who has more than two (2) years (4,000 hours) of collaborative practice experience.

(f) Complete quarterly quality assurance with each CNM. Documentation of any quality assurance review required by this chapter shall be maintained by the collaborating physician for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.

(g) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.

(6) The collaborating physician shall provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.18(4).

(7) The Joint Committee may, at its discretion, waive the requirements of written verification of physician availability upon documentation of exceptional circumstances. Employees of state and county health departments are exempt from the requirements of written verification of physician availability.

(8) A written standard protocol specific to the specialty practice area of the certified nurse midwife and the specialty practice area of the collaborating physician, approved and signed

by both the collaborating physician and the certified nurse midwife shall:

(a) Identify all sites where the certified nurse midwife will practice within the collaboration protocol.

(b) Identify the physician's principal practice site.

(c) Be maintained at each practice site and on file with the Board of Nursing and the Board of Medical Examiners.

(d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified nurse midwife consistent with these rules and which are appropriate for the collaborative practice setting.

(e) Include a pre-determined plan for emergency services.

(f) Specify the process by which the certified nurse midwife shall refer a patient to a physician other than the collaborating physician.

(g) Specify a plan for quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the certified nurse midwife and include review of a meaningful sample of medical records plus all adverse outcomes.

(h) Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change. Quality assurance monitoring may be performed by designated personnel, with final results presented to the physician and certified nurse midwife for review. The certified nurse midwife shall maintain a copy of the plan for quality assurance, in a form prescribed by the Board, on file with the Board of Nursing. The collaborating physician shall maintain an updated copy of the plan for quality assurance on file with the Board of Medical Examiners.

(9) The physician shall maintain independent medical judgment related to the practice of medicine at all times, irrespective of employment structure or business model.

(10) Irrespective of the location of the principal practice site and any remote site(s) of the collaboration, all services provided to patients and actions incident to services provided to patients of the collaborative practice shall be deemed to have

occurred in the state where the patient is located at the time of service or action incident to the service. The collaborating physician, covering physician, and certified nurse midwife shall comply with all applicable Alabama laws, rules, and regulations pertaining to services and actions incident to services provided to Alabama patients of the collaborative practice. Actions incident to services include, but are not limited to, professional medical oversight and direction to the certified nurse midwife regarding Alabama patients, consultation, or referral of Alabama patients from the certified registered nurse practitioner, quality assurance review of the medical records of Alabama patients, and maintenance of documentation pursuant to this chapter. The collaborating physician shall maintain all documentation required pursuant to this chapter for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-85.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 22, 2005; effective August 26, 2005. **Amended:** Filed October 6, 2006; effective November 10, 2006. **Amended:** Filed March 21, 2008; effective April 25, 2008.

**Amended:** Filed September 24, 2012; effective October 29, 2012.

**Amended:** Filed July 2, 2015; effective August 6, 2015. **Amended:** Filed January 22, 2018; effective March 8, 2018. **Amended:** Filed May 20, 2019; effective July 4, 2019. **Amended:** Published April 30, 2021; effective June 14, 2021.

**610-X-5-.21      Standards Of Practice For Certified Nurse Midwives (Repealed).**

~~The certified nurse midwife shall practice in accordance with the standards and functions developed by the American College of Nurse Midwives as recognized by the Board of Nursing and as congruent with Alabama law.~~ (Repealed)

**Author:** Alabama Board of Nursing.

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-87.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015. Repealed: Published                    ; effective                    .

**610-X-5-.22      Functions And Activities Of Certified Nurse Midwives (Repealed).**

~~(1) The certified nurse midwife is responsible and accountable for the continuous and comprehensive management of women's health~~

~~care focusing on pregnancy, childbirth, the post-partum period, care of the newborn, family planning and gynecological needs for which the certified nurse midwife is educationally prepared and for which competency is maintained, with physician collaboration as described in these rules. These services include but are not restricted to the following:~~

~~(a) Evaluate current health status and risk factors of individuals based on comprehensive health history and comprehensive physical examinations and assessments.~~

~~(b) Formulate a working diagnosis, develop and implement a treatment plan, evaluate and modify therapeutic regimens to promote positive patient outcomes.~~

~~(c) Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs.~~

~~(d) Counsel, teach and assist individuals/families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration.~~

~~(e) Consult with and refer to other health care providers as appropriate.~~

~~(2) A standard protocol approved by the Board of Nursing and State Board of Medical Examiners shall address permissible functions and activities specific to the advance practice of the certified nurse midwife.~~

~~(3) A certified nurse midwife may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse midwifery educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified nurse midwife. Such functions will be submitted to the Joint Committee for consideration for inclusion on the standard protocol.~~

~~(4) Requests for additional functions to be added to the protocol may be submitted to the Joint Committee for consideration.~~

~~(5) A certified nurse midwife may write admission orders for inpatients and subsequent orders in accordance with established protocols and institutional policies. (Repealed)~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-87.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed September 22, 2008; effective October

27, 2008. **Amended:** Filed July 2, 2015; effective August 6, 2015. **Repealed:** Published ; effective .

**610-X-5-.23      Prescriptions And Medication Orders By Certified Nurse Midwives (Repealed).**

~~(1) Certified nurse midwives engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified nurse midwifery curriculum.~~

~~(2) Certified nurse midwives practicing under protocols approved in the manner prescribed by **Code of Ala. 1975 (Repealed)**, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:~~

~~(a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.~~

~~(b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified nurse midwife. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs, as identified in the Physician's Desk Reference or Product-Information Insert, and do not:~~

~~(i) Exceed the recommended treatment regimen periods.~~

~~(ii) Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.~~

~~(c) Drugs and Medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.~~

~~(d) "Off Label" use or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:~~

~~(i) Within the current standard of care for treatment of disease or condition.~~

~~(ii) Supported by evidence-based research.~~

~~(iii) Approved by the collaborating physician and entered into the patient record.~~

~~(3) A certified nurse midwife shall not initiate a call in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified nurse midwife is not authorized to prescribe under the protocol signed by the collaborating physician and certified nurse midwife and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.~~

~~(4) A written prescription for any drug that the certified nurse midwife is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient's record and signed by the certified nurse midwife.~~

~~(5) The certified nurse midwife in collaborative practice with prescriptive privileges shall not engage in prescribing for:~~

~~(a) Self.~~

~~(b) Immediate family members.~~

~~(c) Individuals who are not patients of the practice, except in cases where a certified registered nurse midwife is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).~~

~~(6) The certified nurse midwife who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified nurse midwife complies with all applicable state and federal laws and regulations.~~

~~(7) When prescribing legend drugs a certified nurse midwife shall use a prescription format that includes all of the following:~~

~~(a) The name, medical practice site address and telephone number of the collaborating physician or covering physician.~~

~~(b) The name of the certified nurse midwife.~~

~~(c) The medical practice site address and telephone number of the certified nurse midwife if different from that of the collaborating physician.~~

~~(d) The certified nurse midwife's registered nurse license number assigned by the Board of Nursing.~~

~~(e) The words "Product Selection Permitted" printed on one side of the prescription form directly beneath a signature line.~~

~~(f) The words "Dispense as written" printed on one side of the prescription form directly beneath a signature line.~~

~~(g) The date the prescription is issued to the patient.~~

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-87.

**History: New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed July 2, 2015; effective August 6, 2015.

**Amended:** Filed November 21, 2016; effective January 5, 2017.

**Amended:** Filed May 20, 2019; effective July 4, 2019. **Amended:**

Published April 30, 2021; effective June 14, 2021. **Repealed:**  
Published ; effective .

610-X-5-.24

**Reinstatement Of Lapsed Approval For Practice As**  
**A Certified Nurse Midwife (Repealed) .**

~~(1) Lapsed approval as a certified nurse midwife may be reinstated upon submission of a completed application and compliance with the following:~~

~~(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.~~

~~(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.~~

~~(c) Official evidence of current national certification as a certified nurse midwife by a national certifying agency recognized by the Board.~~

~~(d) Documented evidence of completion of six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice earned within the 24 months immediately preceding application.~~



~~(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval shall be the expiration date of the RN license or the expiration date of the licensee's national certification as a certified nurse midwife, whichever occurs first.~~

~~(3) Effective January 1, 2024, have obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.~~ (Repealed)

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History: New Rule:** Filed September 27, 2018; effective November 11, 2018. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published April 30, 2021; effective June 14, 2021. **Repealed:** Published \_\_\_\_\_; effective \_\_\_\_\_.

#### **610-X-5-.25**

#### **Grounds For Termination Of Approval Of A Collaborative Practice.**

(1) The following acts may constitute grounds for the termination of the advanced practice approval for the collaborating practice of a physician and a certified registered nurse practitioner or certified nurse midwife:

(a) Prescribing by a certified registered nurse practitioner or certified nurse midwife in violation of §§20-2-54, 20-2-254, 20-2-260, and 34-21-80 through 34-21-93 of the Code of Ala. 1975, as amended, or the rules of the State Board of Medical Examiners.

(b) For a certified registered nurse practitioner or certified nurse midwife to knowingly engage in any act or render any services not authorized in his or her protocol.

(c) Failure of a certified registered nurse practitioner or certified nurse midwife to maintain current licensure and advanced practice approval with the Board of Nursing.

(d) Failure of a certified registered nurse practitioner or certified nurse midwife to comply with any statute or rule governing collaborative practice.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** **New Rule:** Published April 30, 2021; effective June 14, 2021.

APA-1

**TRANSMITTAL SHEET FOR NOTICE  
OF INTENDED ACTION**

Control: 610

Department or Agency: Alabama Board of Nursing

Rule No.: Chapter 610-X-9

Rule Title: Advanced Practice Nursing

Intended Action Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

.....  
Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

.....  
Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer Peggy Benson  
Peggy Benson, AL

Date Friday, July 18, 2025

ALABAMA BOARD OF NURSING

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Nursing

RULE NO. & TITLE: Chapter 610-X-9 Advanced Practice Nursing

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

Pursuant to Section 34-21-84:

"(a) The Board of Nursing shall be the sole state authority designated to establish the qualifications necessary for a registered nurse to be certified to engage in advanced practice nursing. The Board of Nursing shall recognize the educational qualifications and training of advanced practice nurses by the issuance of a certification of qualification to engage in advanced practice nursing. To be eligible for certification, an applicant shall be currently licensed as a registered nurse in Alabama and shall meet the requirements for certification as an advanced practice nurse as defined in the rules and regulations established by the Board of Nursing.

(b) Pursuant to subsection (a), the Board of Nursing may adopt rules and regulations establishing the procedures for individuals to be certified to engage in advanced practice nursing, as well as grounds for denial or termination of certification or both, and the fees to be paid to the Board of Nursing in connection with an application for certification."

Accordingly, the Board of Nursing proposes repealing the relevant sections, which do not relate to the collaborative relationship between a physician and an advanced practice nurse, of Chapter 610-X-5 and reconstituting them within Chapter 610-X-9. This action will ensure continuity of regulation between the four roles of advanced practice nurse.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

Written or verbal comments will be accepted through 4:30 pm on Friday, September 4, 2025, and may be directed to Peggy Benson, [Peggy.Benson@abn.alabama.gov](mailto:Peggy.Benson@abn.alabama.gov) or 334/293-5200.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Thursday, September 4, 2025

CONTACT PERSON AT AGENCY:

Peggy Benson

*Peggy Benson*

---

Peggy Benson, AL

(Signature of officer authorized  
to promulgate and adopt  
rules or his or her deputy)

ALABAMA BOARD OF NURSING  
ADMINISTRATIVE CODE

CHAPTER 610-X-9  
ADVANCED PRACTICE NURSING

TABLE OF CONTENTS

610-X-9-.01	Qualifications For Approval To Practice As A Certified Registered Nurse Anesthetist
610-X-9-.02	Application For Approval To Practice As A Certified Registered Nurse Anesthetist
610-X-9-.03	Authorization For Practice As A Certified Registered Nurse Anesthetist
610-X-9-.04	Standards Of Practice For A Certified Registered Nurse Anesthetist
610-X-9-.05	Provisional Approval To Practice As A Graduate Registered Nurse Anesthetist
610-X-9-.06	Notice Requirements
610-X-9-.07	Reinstatement Of Lapsed Approval For Practice As A Certified Registered Nurse Anesthetist
610-X-9-.08	Qualifications For Approval To Practice As A Clinical Nurse Specialist
610-X-9-.09	Application For Approval To Practice As A Clinical Nurse Specialist
610-X-9-.10	Authorization For Practice As A Clinical Nurse Specialist
610-X-9-.11	Standards Of Practice For Clinical Nurse Specialists
610-X-9-.12	Notice Requirements
610-X-9-.13	Reinstatement Of Lapsed Approval For Practice As A Clinical Nurse Specialist
<u>610-X-9-.14</u>	<u>Qualifications For Approval To Practice As A Certified Registered Nurse Practitioner</u>
<u>610-X-9-.15</u>	<u>Application For Approval To Practice As A Certified Registered Nurse Practitioner</u>
<u>610-X-9-.16</u>	<u>Authorization For Practice As A Certified Registered Nurse Practitioner</u>
<u>610-X-9-.17</u>	<u>Temporary Approval To Practice As A Certified Registered Nurse Practitioner</u>
<u>610-X-9-.18</u>	<u>Standards Of Practice For A Certified Registered Nurse Practitioner</u>
<u>610-X-9-.19</u>	<u>Functions and Activities Of A Certified Registered Nurse Practitioner</u>
<u>610-X-9-20</u>	<u>Prescriptions and Medication Orders By a Certified Registered Nurse Practitioner</u>

<u>610-X-9-.21</u>	<u>Reinstatement Of Lapsed Approval For Practice As A Certified Registered Nurse Practitioner</u>
<u>610-X-9-.22</u>	<u>Qualifications For Approval To Practice For a Certified Nurse Midwife</u>
<u>610-X-9-.23</u>	<u>Application For Approval To Practice As A Certified Nurse Midwife</u>
<u>610-X-9-.24</u>	<u>Authorization For Practice As A Certified Nurse Midwife</u>
<u>610-X-9-.25</u>	<u>Temporary Approval To Practice As A Certified Nurse Midwife</u>
<u>610-X-9-.26</u>	<u>Standards Of Practice For A Certified Nurse Midwife</u>
<u>610-X-9-.27</u>	<u>Functions and Activities of a Certified Nurse Midwife</u>
<u>610-X-9-.28</u>	<u>Prescriptions And Medication Orders by a Certified Nurse Midwife</u>
<u>610-X-9-.29</u>	<u>Reinstatement Of Lapsed Approval For Certified Nurse Midwife</u>
 610-X-9-.01	 <u>Qualifications For Approval To Practice As A Certified Registered Nurse Anesthetist.</u>

(1) The applicant for approval to practice as a certified registered nurse anesthetist shall have:

(a) An active registered nurse license issued by Alabama or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules. Initial applicants shall have an active registered nurse license, unless authorized by the Board.

(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse that prepares nurse anesthetists and is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools or its predecessor, the American Association of Nurse Anesthetists and recognized by the Board of Nursing.

(c) Earned at least a master's degree, or post-master's certificate in advanced practice nursing from an accredited graduate program in nurse anesthesia recognized by the Board.

(d) Current certification as a registered nurse anesthetist by the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing.

(2) The applicant for approval as a certified registered nurse anesthetist who graduated from an accredited school of nurse anesthesia prior to December 31, 2003, is exempt from the master's degree requirement.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-84.

**History:** Filed September 29, 1982. **Repealed and New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed May 14, 2007; effective June 18, 2007. **Amended:** Filed May 20, 2019; effective July 4, 2019. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020.

**610-X-9-.02      Application For Approval To Practice As A  
Certified Registered Nurse Anesthetist.**

The applicant for approval to practice as a certified registered nurse anesthetist shall submit to the Board:

(1) A completed application and the required fee(s).

(2) An official transcript of education for advanced practice nursing as a nurse anesthetist that indicates the date of completion of the program and the date degree or certificate was conferred if the dates are not the same.

(3) Official evidence of current certification by the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing, as a registered nurse anesthetist.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** Filed September 29, 1982. **Repealed and New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed May 20, 2019; effective July 4, 2019.

**610-X-9-.03      Authorization For Practice As A Certified  
Registered Nurse Anesthetist.**

(1) The Board of Nursing may grant approval for advanced practice nursing as certified registered nurse anesthetists to applicants who meet the requirements of Chapter 610-X-9-.01 and .02.

(2) Only those registered nurses whose credentials have current approval from the Board may hold themselves out to be certified registered nurse anesthetists, use the designation "CRNA" or use titles to imply that they are nurse anesthetists.

(3) The advanced practice approval shall expire on the expiration date of the RN license or on the expiration date of the licensee's national certification as a certified registered nurse anesthetist, whichever occurs first.

(4) Certified registered nurse anesthetists shall renew approval to practice at the time of registered nurse license renewal. Approval for practice may be continued each biennium at the time of renewal of the registered nurse license upon verification of meeting the requirements of Rule 610-X-9-.01 and paying the advanced practice renewal fee(s).

(5) Approval for practice may be continued at the time of renewal upon verification of meeting the requirements of Rule 610-X-9-.01, paying the advanced practice renewal fee(s), and six contact hours of pharmacology content specific to practice in the approved area. Graduate pharmacology academic credit earned during the nurse anesthetist educational program prior to initial approval as a CRNA does not qualify as pharmacology continuing education for renewal of approval as a CRNA.

(6) Alabama-licensed certified registered nurse anesthetists shall earn, as part of the required twenty-four (24) Board-approved or Board-recognized continuing education contact hours for license renewal, six contact hours of pharmacology.

(7) Failure to meet renewal requirements shall result in lapse of the advanced practice approval.

(8) A nurse who fails to attain certification from the Council on Certification of Nurse Anesthetists, or maintain recertification from the Council on Recertification of Nurse Anesthetists shall:

(a) Immediately notify the Board of Nursing.

(b) Not practice as or use the title of certified registered nurse anesthetist until approved by the Board of Nursing.

(9) A certified registered nurse anesthetist may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse anesthetist educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified registered nurse anesthetist and performed pursuant to a standardized procedure implemented in compliance with Section 610-X-6-.12.

(10) Practicing as a certified registered nurse anesthetist subsequent to expiration of advanced practice approval shall result in disciplinary action pursuant to Chapter 610-X-8.



**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** Filed September 29, 1982. **Amended:** Filed March 26, 1998; effective April 30, 1998. **Repealed and New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed May 14, 2007; effective June 18, 2007. **Amended:** Filed April 22, 2016; effective June 6, 2016. **Amended:** Filed May 20, 2019; effective July 4, 2019. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published June 30, 2021; effective August 14, 2021.

**610-X-9-.04      Standards Of Practice For A Certified Registered Nurse Anesthetist.**

The certified registered nurse anesthetist shall practice in accordance with the standards, scope of practice, and guidelines developed by the American Association of Nurse Anesthetists, congruent with Alabama law.

**Author:** [Alabama Board of Nursing](#)

**Statutory Authority:** Code of Ala. 1975, §34-21-2(1).

**History:** Filed September 29, 1982. **Amended:** Filed May 18, 2018; effective July 2, 2018. **Amended:** [Published](#) ; [effective](#)

**610-X-9-.05      Provisional Approval To Practice As A Graduate Registered Nurse Anesthetist.**

(1) An Alabama-licensed registered nurse who meets the requirements of rule 610-X-9-.01 and .02, and who has applied for initial certification may request Provisional Approval for practice as a graduate nurse anesthetist by submitting:

(a) Official evidence of authorization to test from the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing, for the initial certification examination.

(b) The name and address of the employer who will ensure the supervision of the provisional nurse anesthetist by a certified registered nurse anesthetist or a licensed physician.

(2) The nurse anesthetist with provisional approval may use the designation "Graduate Registered Nurse Anesthetist." Provisional approval to practice is limited to a maximum of one year and shall expire immediately upon:

(a) Notification of passing the certification examination.

(b) Notification of failing the certification examination.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** Filed September 29, 1982. **Repealed and New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed May 14, 2007; effective June 18, 2007. **Amended:** Filed May 20, 2019; effective July 4, 2019. **Amended:** Published November 30, 2020; effective January 14, 2021.

#### **610-X-9-.06      Notice Requirements.**

(1) Certified registered nurse anesthetists, as defined by statute and regulation, shall submit to the board, immediately upon receipt:

(a) Evidence of current national certification by the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing, or recertification from the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing.

1. Upon successful completion of the initial certification examination.

2. At the time of renewal of advanced practice approval.

3. Upon recertification by the Council.

(2) Failure to provide evidence of current national certification prior to the expiration of existing certification on file with the Board shall result in lapse of approval to practice as a certified registered nurse anesthetist and may result in disciplinary action pursuant to Chapter 610-X-8.

(3) The Board's notice to the advanced practice nurse for approval to practice may be:

(a) A letter or notice granting provisional approval.

(b) A letter or other document granting full approval.

(4) Failure to submit evidence to the Board of meeting the requirements of Chapter 610-X-9, as applicable, shall result in lapse of the advanced practice approval.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-2(1).

**History:** Filed June 1, 1989; effective July 6, 1989. **Amended:** Filed June 18, 1996; effective July 23, 1996. **Repealed:** Filed March 20, 2003; effective April 24, 2003. **New Rule:** Filed May 14, 2007; effective June 18, 2007. **Amended:** Filed April 22, 2016; effective June 6, 2016. **Amended:** Filed May 20, 2019; effective July 4, 2019.

**610-X-9-.07**

**Reinstatement Of Lapsed Approval For Practice As  
A Certified Registered Nurse Anesthetist.**

(1) Lapsed approval as a certified registered nurse anesthetist may be reinstated upon submission of a completed application and compliance with the following:

(a) An active Alabama registered nurse license or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.

(c) Official evidence of current national certification as a certified registered nurse anesthetist by a national certifying agency recognized by the Board.

(d) Documented evidence of completion of six contact hours of pharmacology continuing education earned within the 24 months immediately preceding application.

(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval shall be the expiration date of the RN license or the expiration date of the licensee's national certification as a certified registered nurse anesthetist, whichever occurs first.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** **New Rule:** Filed September 27, 2018; effective November 11, 2018. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020.

610-X-9-.08

**Qualifications For Approval To Practice As A  
Clinical Nurse Specialist.**

(1) An applicant for approval to practice as a clinical nurse specialist shall have:

(a) An active Alabama registered nurse license or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules. Initial applicants shall have an active registered nurse license unless authorized by the Board.

(b) A master's or higher degree, or post-master's certificate, in nursing from an accredited educational institution in a curriculum designed to prepare clinical nurse specialists.

(c) Certification by a national certifying agency recognized by the Board in the clinical specialty consistent with educational preparation and appropriate to the area of practice.

(2) The registered nurse seeking approval as a clinical nurse specialist in a specialty for which no national certification examination is available may petition the Board for a declaratory ruling pursuant to Rule 610-X-1-.09.

**Author:** Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-84.

**History: New Rule:** Filed June 20, 1996; effective July 25, 1996.

**Repealed and New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed May 14, 2007; effective June 18, 2007. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020.

610-X-9-.09

**Application For Approval To Practice As A  
Clinical Nurse Specialist.**

The applicant for approval to practice as a clinical nurse specialist shall submit to the Board:

(1) A completed application and the required fee(s).

(2) An official transcript from an accredited educational institution, showing the attainment of a master's or higher

degree, or post-graduate certificate, in a curriculum designed to prepare clinical nurse specialists.

(3) Official evidence of current national certification as a clinical nurse specialist by a national certifying agency recognized by the Board.

**Author:** Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-84.

**History:** Filed September 29, 1982. **Repealed:** Filed June 20, 1996; effective July 25, 1996. **New Rule:** Filed June 20, 1996; effective July 25, 1996. **Repealed and New Rule:** Filed August 25, 2003; effective September 29, 2003.

**610-X-9-.10      Authorization For Practice As A Clinical Nurse Specialist.**

(1) The Board of Nursing may grant approval for advanced practice nursing as a clinical nurse specialist to applicants who meet the requirements of Chapter 610-X-9-.08 and .09.

(2) Only those registered nurses whose credentials have been approved by the Board may hold themselves out to be clinical nurse specialists, use the designation "CNS" or use titles to imply that they are clinical nurse specialists.

(3) The advanced practice approval shall expire on the same date as the registered nurse license or on the expiration date of the licensee's national certification, whichever occurs first.

(4) Clinical nurse specialists shall renew approval for practice at the time of registered nurse license renewal. Approval for practice may be continued at the time of renewal upon verification of meeting the requirements of Rule 610-X-9-.01, paying the advanced practice renewal fee(s), and six contact hours of pharmacology content specific to practice in the approved area. Graduate pharmacology academic credit earned during the clinical nurse specialist educational program prior to initial approval as a CNS does not qualify as pharmacology continuing education for renewal of approval as a CNS.

(5) Failure to meet the renewal requirements shall result in lapse of advanced practice approval.

(6) A nurse who fails to attain or maintain certification in the appropriate area of practice shall:

(a) Immediately notify the Board.

(b) Not practice as or use the title of clinical nurse specialist until approved by the Board.

(7) A clinical nurse specialist may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the clinical nurse specialist educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a clinical nurse specialist and performed pursuant to a standardized procedure implemented in compliance with Section 610-X-6-.12.

(8) Practicing as a clinical nurse specialist subsequent to expiration of advanced practice approval shall result in disciplinary action pursuant to Chapter 610-X-8.

**Author:** Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** Filed September 29, 1982. **Amended:** Filed June 6, 1986; effective July 11, 1986. **Repealed:** Filed June 20, 1996; effective July 25, 1996. **New Rule:** Filed June 20, 1996; effective July 25, 1996. **Repealed and New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed May 14, 2007; effective June 18, 2007. **Amended:** Filed April 22, 2016; effective June 6, 2016. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published November 29, 2019; effective January 13, 2020. **Amended:** Published June 30, 2021; effective August 14, 2021.

**610-X-9-.11      Standards Of Practice For Clinical Nurse Specialists.**

(1) The clinical nurse specialist shall practice in accordance with the standards, scope of practice, and guidelines identified by the appropriate specialty certifying body as recognized by the Board of Nursing and as congruent with Alabama law.

(2) The CNS may perform advanced nursing skills under Board approved written nursing protocols, independent nursing contracts, and standardized procedures consistent with Article 5 of the Nurse Practice Act.

**Author:** Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** Filed September 29, 1982. **Amended:** Filed June 6, 1986; effective July 11, 1986. **Repealed:** Filed June 20, 1996; effective July 25, 1996. **New Rule:** Filed June 20, 1996; effective July 25, 1996. **Repealed and New Rule:** Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed May 18, 2018;

effective July 2, 2018. **Amended:** Filed July 20, 2018; effective September 3, 2018.

**610-X-9-.12      Notice Requirements.**

(1) Clinical nurse specialists as defined by statute and regulation shall submit to the Board, immediately upon receipt:

(a) Evidence of current national certification by national certifying agency recognized by the Board in the clinical specialty consistent with educational preparation and appropriate to the area of practice.

(i) Upon successful completion of the initial certification examination.

(ii) At the time of renewal of advanced practice approval.

(iii) Upon recertification by the national certifying agency.

(2) Failure to provide evidence of current national certification prior to the expiration date of the existing certification on file with the Board shall result in lapse of approval to practice as a Clinical Nurse Specialist and may result in disciplinary action pursuant to Chapter 610-X-8.

**Author:** Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-90.

**History:** Filed September 29, 1982. **Repealed:** Filed June 20, 1996; effective July 25, 1996. **New Rule:** Filed June 20, 1996; effective July 25, 1996. **Amended:** Filed March 26, 1998; effective April 30, 1998. **Repealed:** Filed August 25, 2003; effective September 29, 2003. **New Rule:** Filed May 14, 2007; effective June 18, 2007.

**610-X-9-.13      Reinstatement Of Lapsed Approval For Practice As A Clinical Nurse Specialist.**

(1) Lapsed approval as a clinical nurse specialist may be reinstated upon submission of a completed application and compliance with the following:

(a) An active Alabama registered nurse license or multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.

(c) Official evidence of current national certification as a clinical nurse specialist by a national certifying agency recognized by the Board.

(d) Documented evidence of completion of six contact hours of pharmacology continuing education earned within the 24 months immediately preceding application.

(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval shall be the expiration date of the RN license or the expiration date of the licensee's national certification as a clinical nurse specialist, whichever occurs first.

**Author:** Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-2, Act 89-243.

**History: New Rule:** Filed December 28, 2009; effective February 1, 2010. **Amended:** Filed September 27, 2018; effective November 11, 2018. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020.

#### 610-X-9-.14

#### Qualifications For Approval To Practice As A Certified Registered Nurse Practitioner.

(1) The applicant for approval to practice as a certified registered nurse practitioner shall have:

(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules, unless authorized by the Board.

(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse that prepares nurse practitioners and is recognized by the Board of Nursing and the appropriate specialty-certifying agency.

(c) Documented evidence of at least 4,000 hours of direct patient care experience in a clinical setting as either a registered nurse or an advanced practice nurse.

(d) At least a master's or higher degree in advanced practice nursing from an accredited program recognized by the Board.



(e) Current certification as a certified registered nurse practitioner granted by a national certifying agency recognized by the Board of Nursing in the clinical specialty consistent with educational preparation and appropriate to the area of practice

(2) The applicant for initial approval as a certified registered nurse practitioner who meets one of the following criteria is exempt from the requirement for a master's degree in nursing:

1. Graduation prior to 1996 from a Board-recognized post-baccalaureate program preparing nurse practitioners.

2. Graduation prior to 1984 from a non-baccalaureate program preparing nurse practitioners.

(2) The Board of Nursing may grant a waiver of the master's degree requirement at its discretion.

(3) Have obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

#### **610-X-9-.15**

#### **Application For Approval To Practice As A Certified Registered Nurse Practitioner.**

(1) The applicant for approval to practice as a certified registered nurse practitioner shall submit to the Board:

(a) The required fee(s) and a completed application including the standard protocol to be followed by the certified registered nurse practitioner and each collaborating physician, unless application is made for an exemption from a collaborative practice agreement as provided for in Rule 610- X-5-.07.

(b) An official transcript of education for advanced practice nursing as a nurse practitioner that indicates the date of completion of the program and the date degree or certificate was conferred if the dates are not the same.

(c) Official evidence of current certification as a nurse practitioner by the respective specialty-certifying agency appropriate to the applicant's educational preparation, proposed

clinical area of practice, and proposed collaborating physician's area of practice.

(d) Documented evidence of at least 4,000 hours of direct patient care experience in a clinical setting as either a registered nurse or an advanced practice nurse.

(2) The Board of Nursing may decline to consider an applicant who is under investigation for a potential violation of Code of Ala. 1975, Section 34-21-25 and Alabama Board of Nursing Administrative Code Chapter 610-X-8.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-84.

**History:** **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

#### **610-X-9-.16**

#### **Authorization For Practice As A Certified Registered Nurse Practitioner.**

(1) The Board of Nursing may grant a certificate of qualification for advanced practice nursing as a certified registered nurse practitioner to applicants who meet the requirements of 610-X-9-14.

(2) Use of the designation "CRNP" or of any titles that imply that they are certified registered nurse practitioners shall be restricted to those registered nurses who have been issued certificates of qualification by the Board of Nursing and either:

(a) Have current approval for collaborative practice in the state of Alabama;

(b) Are employed by the United States government and working in federal facilities; or

(c) Hold teaching positions in nurse practitioner education programs recognized by the Alabama Board of Nursing. Prior to approval as a CRNP, the registered nurse may use only the designation or title granted by the national certifying agency.

(3) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified registered nurse practitioner and collaborating physician designated in the application is automatically withdrawn.

(a) The certified registered nurse practitioner and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice

agreement and the reasons for such termination. Failure to notify the respective board of termination may be considered a violation of these rules and regulations.

(b) The certified registered nurse practitioner shall notify the Board of Nursing using the designated on-line form for terminating a collaboration.

(c) A certified registered nurse practitioner in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Nursing of the date on which the collaborative practice agreement terminates. Notification to the Board of Nursing by the Alabama Board of Medical Examiners that a physician has voluntarily terminated

(d) a collaborative practice agreement will meet the notification requirement and will result in termination of the certified registered nurse practitioner's approval to practice under the collaborative practice agreement.

(4) The advanced practice approval shall expire prior to the RN license if the nurse practitioner's national certification expires during the license period.

(5) Approval for advanced practice may be continued at the time of renewal, upon verification of:

(a) Meeting the requirements of Rule 610-X-9-.14.

(b) Continued collaboration with the approved physician(s) or eligibility for continued exemption from collaboration.

(c) Payment of the advanced practice renewal fee.

(d) Six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice. Graduate pharmacology academic credit earned during the nurse practitioner educational program prior to initial approval as a CRNP does not qualify as pharmacology continuing education for renewal of approval as a CRNP.

(e) Documented evidence of completion of continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.

(6) Failure to meet the requirements for renewal shall result in lapse of the advanced practice approval.

(7) A nurse who fails to attain or maintain national certification as a nurse practitioner from a national certifying agency shall:

(a) Immediately notify the Board of Nursing.

(b) Not practice as or use the title of certified registered nurse practitioner until approved by the Board of Nursing.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-90

**History:** **Amended:** Published \_\_\_\_\_; effective \_\_\_\_\_.

**610-X-9-.17**      **Temporary Approval To Practice As A Certified Registered Nurse Practitioner.**

(1) The applicant for approval to practice as a certified registered nurse practitioner may be granted temporary approval for practice under the following stipulations until such time as the application is approved or denied by the Board of Nursing and the Board of Medical Examiners.

(a) The applicant shall meet the requirements of Rules 610-X-9-.14 and 610-X-9-.15.

(b) The collaborating physician shall meet the qualifications established in Rule 610-X-8-.04.

(c) Temporary approval is limited to the standard protocol and formulary approved by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners and does not include the authority to:

1. Perform additional skills as provided in Rule 610-X-5-.11.
2. Prescribe drugs that are listed in the standard formulary with "Restrictions."

(2) Provisional Approval: An Alabama-license registered nurse who meets the requirements of Rules 610-X-9-.14 and 610-X-9-.15. with the exception of national certification, and who has applied for initial certification may be granted temporary approval under paragraph (1)(c) of this rule with these additional stipulations.

(a) Practice under the on-site supervision of an approved certified registered nurse practitioner or a licensed physician.

(b) During the period of provisional approval, there shall be one hundred percent review of patient cases by the collaborating physician.

(c) The nurse practitioner with provisional approval may use the designation "Graduate Registered Nurse Practitioner."

(d) Provisional approval to practice is limited to a maximum of six months and shall expire immediately upon:

1. Notification of approval by the Board of Nursing.
2. Notification of failing the certification exam.

(3) Interim Approval: If the relationship with the collaborating physician is terminated, a certified registered nurse practitioner approved to practice under the provisions of these rules may continue in a collaborative practice with an interim physician after application for approval until such time as the new application is approved or denied, provided the interim physician meets the qualifications established in Rule 610-X-8-.04.

(4) An applicant for approval to practice as a certified registered nurse practitioner may be granted temporary approval when either the collaborating physician or certified registered nurse practitioner applicant is under investigation by a state or federal authority. The temporary approval shall remain in force until the application has been approved, denied, or withdrawn. However, the Board of Nursing or Board of Medical Examiners may decline to approve the application until the investigation has been concluded. The Board of Medical Examiners may withdraw temporary approval in accordance with Rule 540-X-8-.13.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-84, 34-21-85.

**History: Amended:** Published                   ; effective                   .

#### **610-X-9-.18**

#### **Standards Of Practice For A Certified Registered Nurse Practitioner.**

The certified registered nurse practitioner shall practice in accordance with national standards and functions identified by the appropriate specialty-certifying agency as recognized by the Board of Nursing and as congruent with Alabama law.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-81.

**History: Amended:** Published                   ; effective                   .

**610-X-9-.19**

**Functions and Activities Of A Certified  
Registered Nurse Practitioner.**

(1) The certified registered nurse practitioner is responsible and accountable for the continuous and comprehensive management of a broad range of health services for which the certified registered nurse practitioner is educationally prepared and for which competency is maintained, with physician collaboration as described in these rules. These services include but are not restricted to the following:

(a) Evaluate current health status and risk factors of individuals based on comprehensive health history and comprehensive physical examinations and assessments.

(b) Formulate a working diagnosis, develop and implement a treatment plan, evaluate and modify therapeutic regimens to promote positive patient outcomes.

(c) Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs.

(d) Counsel, teach and assist individuals and families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration.

(e) Consult with and refer to other health care providers as appropriate.

(2) A standard protocol approved by the Board of Nursing and State Board of Medical Examiners shall address permissible functions and activities specific to the advanced practice of the certified registered nurse practitioner.

(3) A certified registered nurse practitioner may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse practitioner educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified registered nurse practitioner. Such functions shall be submitted to the Joint Committee for consideration for inclusion on the standard protocol.

(4) Requests for additional functions to be added to the protocol may be submitted to the Joint Committee for consideration.

(5) A certified registered nurse practitioner may write admission orders for inpatients as directed by the physician and subsequent orders in accordance with established protocols and institutional policies.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-87.

**History:** **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

#### **610-X-9-20**

#### **Prescriptions and Medication Orders By a Certified Registered Nurse Practitioner.**

(1) Certified registered nurse practitioners engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified registered nurse practitioner curriculum.

(2) Certified registered nurse practitioners practicing under protocols approved in the manner prescribed by Code of Ala. 1975, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:

(a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.

(b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified registered nurse practitioner. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs as identified in the Physician's Desk Reference or Product Information Insert, and do not:

1. Exceed the recommended treatment regimen periods.
2. Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.

(c) Drugs and medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.

(d) "Off Label" use or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:

1. Within the current standard of care for treatment of disease or condition.
2. Supported by evidence-based research.
3. Approved by the collaborating physician and entered into the patient record.

(3) A certified registered nurse practitioner shall not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified registered nurse practitioner is not authorized to prescribe under the protocol signed by the collaborating physician and certified registered nurse practitioner and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.

(4) A written prescription for any drug that the certified registered nurse practitioner is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient's record and signed by the certified registered nurse practitioner.

(5) The certified registered nurse practitioner in collaborative practice with prescriptive privileges shall not engage in prescribing for:

(a) Self.

(b) Immediate family members.

(c) Individuals who are not patients of the practice, except in cases where a certified registered nurse practitioner is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).

(6) The certified registered nurse practitioner who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified registered nurse practitioner complies with all applicable state and federal laws and regulations.



(7) When prescribing legend drugs a certified registered nurse practitioner shall use a prescription format that includes all of the following:

(a) The name, medical practice site address, and telephone number of the collaborating physician or covering physician.

(b) The name of the certified registered nurse practitioner.

(c) The medical practice site address and telephone number of the certified registered nurse practitioner if different from that of the collaborating physician.

(d) The certified registered nurse practitioner's registered nurse license number assigned by the Board of Nursing.

(e) The words "Product Selection Permitted" printed on one side of the prescription form directly beneath a signature line.

(f) The words "Dispense as written" printed on one side of the prescription form directly beneath a signature line.

(g) The date the prescription is issued to the patient.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-86.

**History:** **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

#### **610-X-9-.21**

#### **Reinstatement Of Lapsed Approval For Practice As A Certified Registered Nurse Practitioner.**

(1) Lapsed approval as a certified registered nurse practitioner may be reinstated upon submission of a completed application and compliance with the following:

(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.

(c) Official evidence of current national certification as a certified registered nurse practitioner by a national certifying agency recognized by the Board.

(d) Documented evidence of completion of six contact hours of pharmacology content specific to prescriptive practice in the

approved area for collaborative practice earned within the 24 months immediately preceding application.

(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval shall be the expiration date of the RN license or the expiration date of the licensee's national certification as a certified registered nurse practitioner, whichever occurs first.

(3) Have obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

#### **610-X-9-.22**

#### **Qualifications For Approval To Practice For a Certified Nurse Midwife.**

(1) The applicant for approval to practice as a certified nurse midwife shall have:

(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules, unless authorized by the Board.

(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse, that prepares nurse midwives and is recognized by the Board of Nursing and the appropriate specialty certifying agency.

(c) Documented evidence of at least 4,000 hours of direct patient care experience in a clinical setting as either a registered nurse or an advanced practice nurse.

(d) At least a master's or higher degree in advanced practice nursing from an accredited program recognized by the Board.

(e) The applicant for initial approval as a nurse midwife who meets one of the following criteria is exempt from the requirement for a master's degree in nursing:

1. Graduation prior to 1996 from a Board recognized post-baccalaureate program preparing nurse midwives.

2. Graduation prior to 1984 from a non-baccalaureate program preparing nurse midwives.

3. The Board of Nursing may grant a waiver of the master's degree requirement at its discretion.

(e) Current certification as a certified nurse midwife by the American Midwifery Certification Board.

(f) Obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

**610-X-9-.23**

**Application For Approval To Practice As A Certified Nurse Midwife.**

(1) The applicant for approval to practice as a certified nurse midwife shall submit to the Board:

(a) The required fee(s) and a completed application including the standard protocol to be followed by the certified nurse midwife and each collaborating physician, unless application is made for an exemption from a collaborative practice agreement as provided in Rule 610-X-5-.18.

(b) An official transcript of education for advanced practice nursing as a nurse midwife that indicates the date of completion of the program and the date the degree or certificate was conferred if the dates are not the same.

(c) Official evidence of current certification as a certified nurse midwife by the American College of Nurse Midwives Certification Council.

(d) Documented evidence of at least 4,000 hours of direct patient care experience in a clinical setting as either a registered nurse or an advanced practice nurse.

(2) The Board of Nursing may decline to consider an applicant who is under investigation for a potential violation of the Code Ala. 1975, Section 34-21-25 and the Alabama Board of Nursing Administrative Code, Chapter 610-X-8.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-90.

**History:** **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

**610-X-9-.24**      **Authorization For Practice As A Certified Nurse Midwife.**

(1) The Board of Nursing may grant a certificate of qualification for advanced practice nursing as a nurse midwife to applicants who meet all requirements of 610-X-5-.14.

(2) Use of the designation "CNM" or of any titles that imply that they are certified nurse midwives shall be restricted to those registered nurses who have been issued certificates of qualification by the Board of Nursing and either:

(a) Have current approval for collaborative practice in the state of Alabama.

(b) Are employed by the United States government and working in federal facilities.

(c) Hold teaching positions in nurse midwife education programs recognized by the Alabama Board of Nursing. Prior to approval as a CNM, the registered nurse may use only the designation or title granted by the national certifying agency.

(3) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified nurse midwife and collaborating physician designated in the application is automatically withdrawn.

(a) The certified nurse midwife and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination. Failure to notify the respective board of termination may be considered a violation of these rules and regulations.

(b) The certified nurse midwife shall notify the Board of Nursing using the designated on-line form for terminating a collaboration.

(c) A certified nurse midwife in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Nursing of the date on which the collaborative practice agreement terminates. Notification to the Board of Nursing by the Alabama Board of Medical Examiners that a physician has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the certified nurse midwife's approval to practice under the collaborative practice agreement.

(4) The advanced practice approval shall expire prior to the RN license if the advanced practice national specialty certification expires during the license period.

(5) Approval for advance practice may be continued at the time of renewal, upon verification of:

(a) Meeting the requirements of Rule 610-X-5-.14.

(b) Continued collaboration with the approved physician(s) or eligibility for continued exemption from collaboration.

(c) Payment of the advanced practice nursing renewal fee.

(d) Six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice. Graduate pharmacology academic credit earned during the nurse midwife educational program prior to initial approval as a CNM does not qualify as pharmacology continuing education for renewal of approval as a CNM.

(e) Documented evidence of completion of continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.

(6) Failure to meet the requirements for renewal shall result in lapse of the advanced practice approval.

(7) A nurse who fails to attain or maintain national certification as a nurse midwife from the American College of Nurse Midwives Certification Council shall:

(a) Immediately notify the Board of Nursing.

(b) Not practice or use the title of certified nurse midwife until approved by the Board of Nursing.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-90.

**History:** **Amended:** Published ; effective .

**610-X-9-.25      Temporary Approval To Practice As A Certified Nurse Midwife.**

(1) The applicant for approval to practice as a certified nurse midwife may be granted temporary approval for practice under the following stipulations until such time as the application is approved or denied by the Board of Nursing and the Board of Medical Examiners.

(a) The applicant shall meet the requirements of Rules 610-X-9-.22 and 610-X-9-.23.

(b) The collaborating physician shall meet the qualifications established in Rule 610-X-8-.18.

(c) Temporary approval is limited to the standard protocol and formulary, including oxytocics, approved by the Joint Committee of the Alabama Board of Nursing and the Alabama State Board of Medical Examiners and does not include the authority to:

1. Perform additional skills as provided in Rule 610- X-9-.27.

2. Prescribe drugs other than oxytocics that are defined in the standard formulary with "Restrictions."

(2) Provisional Approval: An Alabama-licensed registered nurse who meets the requirements of Rules 610-X-9-.22 and 610-X-9-.23 with the exception of national certification, and who has applied for initial certification may be granted temporary approval under paragraph (1)(c) of this rule with these additional stipulations.

(a) Practice under the on-site supervision of an approved certified nurse midwife or a licensed physician.

(b) During a minimum of the first thirty days of practice or until satisfactory clinical skills are demonstrated, the collaborating physician or covering physician shall be in attendance at all deliveries by the nurse midwife. The nurse midwife shall contact the collaborating physician or the physician providing medical coverage.

(c) The nurse midwife with provisional approval may use the designation "Graduate Nurse Midwife."

(d) Provisional approval to practice is limited to a maximum of six months and shall expire immediately upon:

1. Notification of approval by the Board of Nursing
2. Notification of failing the certification exam.

(3) Interim Approval: If the relationship with the collaborating physician is terminated, a certified nurse midwife approved to practice under the provisions of these rules may continue in a collaborative practice with an interim physician after application for approval until such time as the new application is approved or denied, provided all requirements and stipulations for temporary approval cited in paragraph (1) are met.

(4) An applicant for approval to practice as a certified nurse midwife may be granted temporary approval when either the collaborating physician or certified nurse midwife applicant is under investigation by a state or federal authority. The temporary approval shall remain in force until the application has been approved, denied, or withdrawn. However, the Board of Nursing or Board of Medical Examiners may decline to approve the application until the investigation has been concluded. The Board of Medical Examiners may withdraw temporary approval in accordance with Rule 540-X-8-.13.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-84, 34-21-85

**History: Amended:** Published           ; effective           .

#### 610-X-9-.26

#### **Standards Of Practice For A Certified Nurse Midwife.**

The certified nurse midwife shall practice in accordance with the standards and functions developed by the American College of Nurse Midwives as recognized by the Board of Nursing and as congruent with Alabama law.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-87

**History: Amended:** Published           ; effective           .

#### 610-X-9-.27

#### **Functions and Activities of a Certified Nurse Midwife.**

(1) The certified nurse midwife is responsible and accountable for the continuous and comprehensive management of women's health care focusing on pregnancy, childbirth, the post-partum period, care of the newborn, family planning and gynecological needs for which the certified nurse midwife is educationally prepared and for which competency is maintained, with physician collaboration as described in these rules. These services include but are not restricted to the following:

(a) Evaluate current health status and risk factors of individuals based on comprehensive health history and comprehensive physical examinations and assessments.

(b) Formulate a working diagnosis, develop and implement a treatment plan, evaluate and modify therapeutic regimens to promote positive patient outcomes.

(c) Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs.

(d) Counsel, teach and assist individuals/families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration.

(e) Consult with and refer to other health care providers as appropriate.

(2) A standard protocol approved by the Board of Nursing and State Board of Medical Examiners shall address permissible functions and activities specific to the advance practice of the certified nurse midwife.

(3) A certified nurse midwife may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse midwifery educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified nurse midwife. Such functions will be submitted to the Joint Committee for consideration for inclusion on the standard protocol.

(4) Requests for additional functions to be added to the protocol may be submitted to the Joint Committee for consideration.

(5) A certified nurse midwife may write admission orders for inpatients and subsequent orders in accordance with established protocols and institutional policies.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-87.

**History:** **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .



**Prescriptions And Medication Orders by a  
Certified Nurse Midwife.**

(1) Certified nurse midwives engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified nurse midwifery curriculum.

(2) Certified nurse midwives practicing under protocols approved in the manner prescribed by Code of Ala. 1975, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:

(a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.

(b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified nurse midwife. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs, as identified in the Physician's Desk Reference or Product- Information Insert, and do not:

1. Exceed the recommended treatment regimen periods.
2. Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.

(c) Drugs and Medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.

(d) "Off Label" use or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:

1. Within the current standard of care for treatment of disease or condition.
2. Supported by evidence-based research.
3. Approved by the collaborating physician and entered into the patient record.

(3) A certified nurse midwife shall not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified nurse midwife is not authorized to prescribe under the protocol signed by the collaborating physician and certified nurse midwife and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.

(4) A written prescription for any drug that the certified nurse midwife is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient's record and signed by the certified nurse midwife.

(5) The certified nurse midwife in collaborative practice with prescriptive privileges shall not engage in prescribing for:

(a) Self.

(b) Immediate family members.

(c) Individuals who are not patients of the practice, except in cases where a certified registered nurse midwife is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).

(6) The certified nurse midwife who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified nurse midwife complies with all applicable state and federal laws and regulations.

(7) When prescribing legend drugs a certified nurse midwife shall use a prescription format that includes all of the following:

(a) The name, medical practice site address and telephone number of the collaborating physician or covering physician.

(b) The name of the certified nurse midwife.

(c) The medical practice site address and telephone number of the certified nurse midwife if different from that of the collaborating physician.

(d) The certified nurse midwife's registered nurse license number assigned by the Board of Nursing.

(e) The words "Product Selection Permitted" printed on one side of the prescription form directly beneath a signature line.

(f) The words "Dispense as written" printed on one side of the prescription form directly beneath a signature line.

(g) The date the prescription is issued to the patient.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §§34-21-85, 34-21-87

**History:** **Amended:** Published \_\_\_\_\_ ; effective \_\_\_\_\_ .

#### **610-X-9-.29**

#### **Reinstatement Of Lapsed Approval For Certified Nurse Midwife.**

(1) Lapsed approval as a certified nurse midwife may be reinstated upon submission of a completed application and compliance with the following:

(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.

(c) Official evidence of current national certification as a certified nurse midwife by a national certifying agency recognized by the Board.

(d) Documented evidence of completion of six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice earned within the 24 months immediately preceding application.

(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval shall be the expiration date of the RN license or the expiration date of the licensee's national certification as a certified nurse midwife, whichever occurs first.

(3) Have obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior

to or within twelve (12) months of commencement of the collaborative practice.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-84.

**History:** **Amended:** Published ; effective .

APA-1

TRANSMITTAL SHEET FOR NOTICE  
OF INTENDED ACTION

Control: 610

Department or Agency: Alabama Board of Nursing Alabama

Rule No.: Chapter 610-X-13

Rule Title: Voluntary Disciplinary Alternative Program

Intended Action Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

.....

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

.....

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

Peggy Benson  
Peggy Benson, AL

Date

Friday, July 18, 2025

REC'D & FILED  
JUL 18, 2025  
LEGISLATIVE SVC AGENCY

ALABAMA BOARD OF NURSING ALABAMA

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Nursing

RULE NO. & TITLE: Chapter 610-X-13 Voluntary Disciplinary Alternative Program

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

The Board proposes to revise the chapter related to the Voluntary Disciplinary Alternative Program (VDAP).

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

Written or verbal comments will be accepted through 4:30 pm on Friday, September 4, 2025 and may be directed to Peggy Benson, [Peggy.Benson@abn.alabama.gov](mailto:Peggy.Benson@abn.alabama.gov) or 334/293-5200.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Thursday, September 4, 2025

CONTACT PERSON AT AGENCY:

Peggy Benson

*Peggy Benson*

---

Peggy Benson, AL

(Signature of officer authorized  
to promulgate and adopt  
rules or his or her deputy)

**ALABAMA BOARD OF NURSING ALABAMA  
ADMINISTRATIVE CODE**

**CHAPTER 610-X-13  
VOLUNTARY DISCIPLINARY ALTERNATIVE PROGRAM**

**TABLE OF CONTENTS**

610-X-13-.01	Definitions
610-X-13-.02	Criteria For Eligibility
610-X-13-.03	Requirements For Participation In Program
610-X-13-.04	Board Recognized Substance Use Disorder Treatment Providers
610-X-13-.05	Causes For Denial Of Admission To VDAP
610-X-13-.06	Causes For Termination From The Program
610-X-13-.07	Confidentiality Of Records

**610-X-13-.01      Definitions.**

(1) American Society of Addiction Medicine Patient Placement Criteria (ASAM Criteria): Current comprehensive criteria developed by the American Society of Addiction Medicine for determining appropriate treatment recommendations for substance use disorders.

(2) Board-Recognized Substance Use Disorders Treatment Provider: An organized program for treatment of substance use disorders that meets criteria set forth by the Alabama Board of Nursing in ~~610-X-13~~610-X-13-.04.

(3) Comprehensive Substance Use Disorder Evaluation: An evaluation conducted in an inpatient or structured outpatient setting over a period of three (3) to seven (7) days by a multidisciplinary team that includes assessment of the applicant or licensed nurse's physical health, substance use, psychological and psychiatric functioning, family and social assessment, ~~and~~ legal and occupational history, and gathering of collateral information from a variety of sources, to include board consultation, occupational information, and family and social information. Neuropsychological and cognitive testing, drug testing, and any other testing deemed appropriate by the evaluation team may also be included. At a minimum, the multidisciplinary team shall include a physician specializing in addiction medicine; a licensed psychologist who is qualified to conduct psychological and neuropsychological examinations and testing and render an opinion regarding the presence or absence

of cognitive impairment; licensed physician(s), certified registered nurse practitioner(s), or physician assistant(s) who are qualified to conduct comprehensive physical and psychiatric examinations; and at least one licensed health care professional or behavioral health professional who has at least one year of professional experience in the treatment of substance use disorder in health care professionals. Members of the multidisciplinary team do not have to be employees of the board recognized substance use disorder evaluation provider, but the board recognized substance use disorder evaluation provider must ensure the availability and participation of the members.

(4) Continuing Care/Aftercare: Sessions conducted by the substance use disorder treatment provider one (1) time per week for a MINIMUM of one (1) year after the completion of treatment. If the substance use disorder treatment provider does not conduct the aftercare itself, it shall facilitate the nurse's enrollment in aftercare at a provider appropriate for the nurse.

(5) Mental Condition: A disorder meeting diagnostic criteria for Mental Disorder as defined in the DSM-IV-TR most current version of the Diagnostic and Statistical ~~(American Psychiatric Association: Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, (DSM) (American Psychiatric Association, 2000 or the Diagnostic and~~ DSM-V). (American Psychiatric Association: Statistical Manual of Mental Disorders, ~~Fifth Edition, Washington, DC, American Psychiatric Association, 2013).~~

(6) Substance Use Disorder: A disorder meeting the diagnostic criteria for Substance Use Disorders (either Substance Dependence or Substance Abuse) as defined in the most current version of the Diagnostic and ~~DSM-IV-TR (American Psychiatric Association: Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000 Diagnostic and or the DSM-V (DSM) (American Psychiatric Association: Statistical Manual of Mental Disorders, Fifth Edition, Washington, DC, American Psychiatric Association, 2013).~~

(7) Treatment Recommendations: The course of treatment recommended for a nurse, including recommendations for follow up care after completion of treatment, For treatment recommendations, based on a diagnosis of a Substance Use Disorder ~~(DSM-IV-TR or DSM-V criteria) and, treatment recommendations must utilize~~ ASAM Patient Placement Criteria for level of treatment and services required.

(8) Voluntary Disciplinary Alternative Program (VDAP): A program authorized by the Alabama Legislature to promote early identification, intervention, treatment, and rehabilitation of



any registered nurse, licensed practical nurse or applicant issued a valid temporary permit for licensure whose competence is found to be impaired or compromised because of the use or abuse of drugs, alcohol, controlled substances, chemicals, or other substances or as a result of a physical or mental condition rendering the person unable to meet the standards of the nursing profession.

(9) VDAP Agreement. An agreement signed by the VDAP participant setting forth the terms and conditions with which the VDAP participant shall comply during participation in the VDAP.

(10) Sponsor: A person in recovery from a substance use disorder who acts as an accountability partner with the VDAP participant and who is willing to be identified and to provide his/her contact information to the Board.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-25.

**History: New Rule:** Filed July 28, 1994; Effective August 29, 1994. **Repealed and New Rule:** Filed May 20, 2002; effective June 24, 2002. **Repealed and New Rule:** Filed August 20, 2010; effective September 24, 2010. **Amended:** Filed July 24, 2014; effective August 28, 2014. **Amended:** Published July 31, 2024; effective September 14, 2024. **Amended: Published ; effective**.

## **610-X-13-.02      Criteria For Eligibility.**

(1) In order to gain admission to VDAP, a registered nurse, licensed practical nurse or first time applicant for licensure in Alabama shall:

—  
(a) Hold an active license or a temporary permit to practice nursing in the State of Alabama.

~~1.~~ —

1. An applicant for licensure by examination and a temporary permit who is requesting participation in VDAP shall sign a VDAP agreement before approval to take the Board-selected examination is granted. If the applicant does not pass the Board- selected examination, enforcement of the VDAP Agreement shall be stayed until passage of the Board-selected examination. If the applicant subsequently passes the Board-selected examination, the stay of the VDAP

Agreement shall be lifted, and the applicant shall be required to comply fully with the VDAP Agreement.

~~2.~~

2. An applicant for licensure by endorsement requesting participation in VDAP shall sign a VDAP Agreement before licensure is granted.

~~3.~~

3. If the applicant has a multistate license, the applicant must consent to deactivation of the multistate licensure privilege. The applicant will not be eligible for the multistate license for the duration of the applicant's participation in VDAP. The applicant will have a single state license.

(b) Have had no previous disciplinary action against the nursing license in any state or jurisdiction ~~not~~related to the condition for which participation in VDAP is sought, not have been terminated from any alternative disciplinary program participation for noncompliance, and is not presently noncompliant in an alternative disciplinary program in another jurisdiction.

(c) Voluntarily request participation in VDAP.

(d) Admit to ~~a substance use disorder or a~~one of the following:

1. A physical or mental condition ~~that renders~~rendering the ~~person~~nurse unable to meet the standards of the nursing profession.
- ; or
2. Has voluntarily sought treatment for a substance use disorder

(e) Acknowledge in writing:

~~1.~~

1. The extent of the condition or conditions leading to the voluntary request for participation in VDAP.

- ~~2.~~
2. That his or her conduct is ~~unprofessional and~~ grounds for disciplinary action.

(f) Provide disclosure authorizations, releases of liability and any other records including but not limited to evaluations and treatment information as requested by the Board.

(g) Cease nursing practice until the:

- ~~1.~~
1. Board recognized ~~substance use disorder~~ treatment evaluation provider provides a written opinion ~~regarding whether that~~ the licensed nurse is ready to resume safety sensitive employment in the field of nursing.

~~2. and will not pose a danger to self or the public.~~

2. Licensed nurse signs the VDAP Agreement for monitoring.

(h) Agree in writing to the terms set forth in the VDAP Agreement.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-25.

**History: New Rule:** Filed July 28, 1994; effective August 29, 1994. **Repealed and New Rule:** Filed May 20, 2002; effective June 24, 2002. **Amended:** Filed November 22, 2005; effective December 27, 2005. **Amended:** Filed August 20, 2010; effective September 24, 2010. **Amended:** Filed July 24, 2014; effective August 28, 2014. **Amended:** Published September 30, 2019; effective November 14, 2019. **Amended:** Published ; effective .

### **610-X-13-.03      Requirements For Participation In Program.**

A licensed nurse or first-time applicant for licensure participating in the program shall:

- (1) Comply with all terms set forth in the VDAP Agreement.
- (2) Be responsible for all costs for treatment and monitoring including Board-required drug screens. if indicated.

—  
(3) Use Board-recognized evaluation and treatment providers and laboratory facilities.

—  
(4) Comply with instructions from the Board regarding evaluation ~~and,~~ treatment, and ~~follow all~~ treatment recommendations for the duration of the VDAP Agreement.

(5) Undergo evaluation by a Board-recognized evaluation provider, if directed by Board staff.

(6) For licensed nurses or applicants with substance use disorders:

(a) Undergo a comprehensive ~~evaluation by a Board-recognized substance use disorder treatment provider, if directed by Board staff~~evaluation conducted by a board recognized evaluation provider.

(b) Be diagnosed with a substance use disorder, utilizing ~~DSM-IV-TR or DSM-V criteria, by a licensed physician or certified registered nurse practitioner experienced in the diagnosis and treatment of substance use disorders.~~criteria from the most current version of the DSM,.

—  
(c) Receive substance use disorder treatment by a Board-recognized substance use disorder treatment provider as defined in these rules~~-,~~ if treatment is recommended.

—  
(d) If approved by the Board as an advanced practice nurse~~, the VDAP participant agrees to:~~

~~1. Complete a comprehensive evaluation and treatment provided at a Board-recognized substance use disorder treatment provider with a health care professionals track.~~  
—

~~2.~~  
—

1. Remain out of practice as an advanced practice nurse ~~for a minimum of one year and~~ until recommended for return to practice as an advanced practice nurse by a Board-recognized substance use disorder

~~treatment~~evaluation provider ~~with a health care professionals track.~~.

~~3.~~

2. Restricted prescriptive privileges ~~as provided in the VDAP Agreement.~~if recommended.

(e) Maintain a sponsor throughout the duration of the agreement if specified in the VDAP agreement.

~~(6)~~.

(7) For physical or mental condition,

(a) For mental conditions:

1. undergo a mental condition evaluation conducted by a board recognized evaluation provider. If the mental condition evaluation indicates a diagnosis that includes a substance use disorder, undergo a comprehensive substance use disorder evaluation conducted by a board-recognized substance use disorder evaluation provider.

2. Be diagnosed with a mental condition utilizing diagnostic criteria from the most current version of the DSM which condition would render the nurse or applicant unable to meet the standards of nursing profession;

(b) For physical conditions:

1. Undergo a physical condition evaluation conducted by a board recognized evaluation provider, which may include a variety of evaluation components, based on the nature of the physical condition, including, but not limited to, functional evaluations and neurocognitive evaluations.

- 
2. Be diagnosed with a physical condition using diagnostic criteria applicable to the diagnosis and which condition would render the nurse or applicant unable to meet the standards of the nursing profession;
- 
- 

(c) Receive treatment for the mental or physical condition, if treatment is recommended;

—

(d) If approved by the Board as an advanced practice nurse:

—

1. Remain out of practice as an advanced practice nurse until recommended for return to practice as an advanced practice nurse by a board recognized evaluation provider.
  2. Restricted prescriptive privileges if recommended.
- 

(8) Consent to deactivation of the multistate licensure privilege, ~~is applicable~~ if applicable, and agree that the nurse is ineligible for a multistate license while participating in VDAP.

(9) Remain out of nursing practice until such time as the Board receives a recommendation to return to practice from the board recognized evaluation provider.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-25.

**History: New Rule:** Filed July 28, 1994; Effective August 29, 1994. **Repealed and New Rule:** Filed May 20, 2002; effective June 24, 2002. **Amended:** Filed November 22, 2005; effective December 27, 2005. **Amended:** Filed August 20, 2010; effective September 24, 2010. **Amended:** Filed July 24, 2014; effective August 28, 2014. **Amended:** Filed July 26, 2019; effective September 9, 2019; operative January 1, 2020. **Amended:** Published \_\_\_\_\_; effective \_\_\_\_\_.

**Board Recognized Substance Use Disorder  
Treatment Providers.**

(1) It is within the Board's discretion to recognize evaluation and treatment providers for mental and physical conditions and substance use disorders.

(2) The Board-recognized ~~substance use disorder~~ treatment evaluation provider shall meet the following criteria:

(a) ~~Conduct or provide for, by a qualified provider, assessment, evaluation, diagnosis, and treatment of substance abuse or dependence~~ mental health, physical condition or substance use disorder, utilizing ~~DSM-IV-TR or~~ the most current version of the DSM-V criteria as indicated by the diagnosis, by a qualified provider that includes mental disorder diagnoses; factors including physical, psychosocial, contextual and environmental factors ~~+++;~~ level of functioning; cognitive status; and disability.

(b) ~~Issue~~ Possess the capability to evaluate health care professionals working in safety-sensitive employment.

(c) For substance use disorder evaluations, conduct a comprehensive substance use disorder evaluation. If treatment is recommended, the treatment recommendations shall be based on ASAM Criteria. Treatment recommendations shall identify a minimum of three treatment providers at which the recommended treatment may be obtained, at least two of which shall not be owned, operated, or otherwise financially affiliated with the evaluation provider. If three treatment providers cannot be identified, the evaluation provider shall state in writing the reason.

~~(e)~~ (d) For mental and physical condition evaluations, issue treatment recommendations, if treatment is recommended. The evaluation provider for mental or physical condition evaluations may not have a pre-existing treatment relationship with the nurse or applicant without prior approval of the board.

(e) Following completion of recommended treatment, issue recommendations regarding fitness to return to the practice of nursing and advanced practice nursing and recommendations regarding monitoring requirements for nurses who are recommended to return to practice. If board recognized evaluation provider is not the treatment provider selected by the nurse, the board recognized evaluation provider shall provide all necessary coordination to facilitate treatment at the selected treatment

provider and, once the treatment is completed, shall make determination regarding the nurse's ability to resume safety sensitive employment in the field of nursing without danger to self or the public.

(f) Provide all written records requested by the Board in a timely manner. Failure to respond to requests for written records may result in removal of the Board-recognized evaluation provider from the list of Board's resources.

(g) Inform patients of the cost of the evaluation prior to commencing the evaluation.

(3) The Board-recognized treatment provider shall meet the following criteria:

(a) Conduct, during the initial phase of treatment, ~~7~~ for a mental condition, physical condition or substance use disorder, if indicated: biological testing and screening for drugs, chemicals, and alcohol that are analyzed by qualified medical and laboratory personnel. A drug screen that is positive during treatment requires confirmation, at the applicant or licensed nurse's expense, from a laboratory approved by the Board. The treatment provider shall notify the Board's designee(s) of any drug screen deemed positive.

~~(d)~~ (b) Communicate, in a timely manner, with authorized Board designee(s), through electronic communications and written reports:

1. Compliance or noncompliance with treatment requirements.

~~2.~~

2. Data necessary to determine applicability of terms and conditions of and compliance with the VDAP Agreement, including, but not limited to, all information required in this section, as well as reports regarding attendance at treatment and aftercare/continuing care and results of any biological testing or screening for drugs, chemicals, and alcohol.

~~3.~~

3. Changes in treatment plan based on the progress of the licensed nurse or applicant.

~~(e)~~

a. Provide individualized written plan(s) of care including assessment and diagnosis, treatment goals, discharge



criteria, guidelines for continuing recovery, and recommendations for return to nursing practice.

~~(f)~~

- b. Certification by the State Department of Mental Health or approved by a Board-recognized approving body~~-,~~ if applicable.

(c) For substance use disorder treatment providers:

~~(g)~~ 1. Conduct or provide for Continuing Care/Aftercare for a minimum one day per week for twelve months or longer if required by the treatment provider following completion of treatment.

~~(h)~~ 2. Incorporate an abstinence philosophy into treatment and require, at a minimum, the applicant or licensee's attendance at a minimum of three (3) abstinence-oriented support group meetings per week during treatment.

~~(i)~~ 3. For programs offering only intensive outpatient treatment, provide at a minimum 100 hours of treatment per episode, excluding continuing care, at least three (3) days per week in the initial phase of treatment.

~~(j)~~ (f) For mental condition treatment at the inpatient or partial hospitalization level, conduct or provide for further outpatient care services for a minimum one day per week for twelve months or longer if recommended by the mental condition evaluation provider or by the treatment provider following completion of treatment.

(g) Provide all written records requested by the Board in a timely manner. Failure to respond to requests for written records may result in removal of the Board-recognized treatment provider from the list of Board's resources.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-25.

**History: New Rule:** Filed July 28, 1994; Effective August 29, 1994. **Repealed and New Rule:** Filed May 20, 2002; effective June 24, 2002. **Amended:** Filed November 22, 2005; effective December 27, 2005. **Amended:** Filed August 20, 2010; effective September 24, 2010. **Amended:** Filed July 24, 2014; effective August 28, 2014. **Amended:** Published \_\_\_\_\_; effective \_\_\_\_\_.

610-X-13-.05

Causes For Denial Of Admission To VDAP.

(1) Admission to the program shall be denied if the applicant for licensure or licensed nurse:

(a) Does not meet eligibility criteria established in this chapter for admission to VDAP.

(b) Is not eligible for licensure in the State of Alabama.

(c) Diverted controlled substances for other than self-use.

(d) Has had nursing practice problems resulting in the death of a patient or involving significant harm or potentially significant harm to a patient.

(e) ~~Will not substantially benefit from participation in the program as determined by Board designee(s).~~  
Has demonstrated behaviors of either:

1. such an egregious nature that a public order is necessary for the protection of the public, or
2. such a pattern of deceitfulness or noncompliance that confidential monitoring would be unduly burdensome for the board.

(f) Has a felony conviction.

(g) Has any conviction related to the sale or distribution of controlled substances or legend prescription drugs.

(h) Refuses to cooperate with requirements for participation in VDAP as established in this chapter.

(i) Has previously ~~entered into two~~ been discharged from VDAP ~~or, the~~ Alabama Non-disciplinary Nursing Approach ~~(ANNA) agreements,~~ or an alternative to discipline program in any other state or jurisdiction for noncompliance.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-25.

**History: New Rule:** Filed July 28, 1994; effective August 29, 1994. **Repealed and New Rule:** Filed May 20, 2002; effective June 24, 2002. **Amended:** Filed November 22, 2005; effective December 27, 2005. **Amended:** Filed August 20, 2010; effective September 24, 2010. **Amended:** Filed July 24, 2014; effective August 28, 2014. **Amended:** Published February 26, 2021; effective April 12, 2021. **Amended:** Published ; effective.

**610-X-13-.06**

**Causes For Termination From The Program.**

(1) Prior to successful compliance with the VDAP Agreement, a participant may be terminated from the program at the discretion of the Board for the following reason(s):

(a) Noncompliance with any aspect of the VDAP Agreement.

(b) Any violation of federal or state statutes or rules.

(c) Receipt of information by the Board, which after investigation, results in disciplinary action by the Board.

(d) No longer meets the eligibility criteria established in this chapter.

(e) Any reason that constitutes Cause for Denial of Admission to VDAP as established in this chapter.

(2) Completion of the VDAP Agreement requires:

(a) Compliance with all program requirements specified in the VDAP agreement.

(b) Receipt of written notice of formal release as approved by the Board.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-25.

**History:** **New Rule:** Filed July 28, 1994; Effective August 29, 1994. **Repealed and New Rule:** Filed May 20, 2002; effective June 24, 2002. **Amended:** Filed August 20, 2010; effective September 24, 2010. **Amended:** Filed July 24, 2014; effective August 28, 2014.

**610-X-13-.07**

**Confidentiality Of Records.**

Confidentiality of records shall be consistent with requirements of the Code of Ala. 1975, Section 34-21-25.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-25.

**History:** **New Rule:** Filed July 28, 1994; Effective August 29, 1994. **Repealed and New Rule:** Filed May 20, 2002; effective June 24, 2002.