

**FLEX/PRN Pool Protocol**  
**Certified Registered Nurse Practitioner/Certified Nurse Midwife**

**Practice Setting:** Hospital or Clinic-Based

**Eligible Certifications:** All population-focused certifications are eligible to participate.

**Clinical Model/Site:** Remote practice sites, Hospital and Clinic sites

**Medical/Collaborative Supervision:**

The collaborating physician or a covering physician should be available at all times to provide appropriate diagnostic consultation, or to respond to a CRNP/CNM requiring assistance.

**Scope of Practice Specific to the CRNP/CNM FLEX/PRN Pool Collaborative Agreement:**

The agreement should include the standard practice protocol related to the individual's current population-focused scope of practice.

**Limitations:**

The Collaborative Practice application on file must indicate FLEX/PRN to denote the practice is not full-time and the position is utilized to fill coverage vacancies. The FTE limit of 360 hours/week remains in effect.

Assigned clinical sites must match the CRNP's/CNM's population-focused certification, education, training, and experience.

**Requirements:**

1. Quality Management Plan is signed by CRNP/CNM and collaborating physician and is on file with ABN.
2. Standard Protocol and FLEX/PRN Pool Protocol, signed by the CRNP/CNM and collaborating physician, are on file with ABN.

**TO BE COMPLETED BY CRNP/CNM AND PHYSICIAN**

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

Print Collaborating Physician Name

\_\_\_\_\_  
Original Signature of Collaborating Physician

Date

Physician License #

Print Name of CRNP/CNM

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Original Signature of CRNP

Date

Alabama RN / Multistate License #

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

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