



Alabama Board of Nursing Otolaryngology Specialty Protocol

OTOLARYNGOLOGY SPECIALTY PROTOCOL: The CRNP scope of practice includes: the evaluation of patients for appropriateness of treatment, developing individualized treatment plans, ordering appropriate otolaryngology procedures in accordance with the treatment plan, monitoring and following up to assess the effectiveness of procedures, managing and correcting any adverse reactions, and adjusting treatment plans as needed in accordance with established guidelines and standards within the collaborative practice.

PHYSICIAN REQUIREMENTS:

- The collaborating physician must complete a request to train the CRNP.

APPLICATION LINK: [Otolaryngology Specialty Protocol Application](#)

POPULATION FOCI EXCLUSIONS: Neonatal and Psychiatric-Mental Health CRNPs, and Certified Nurse-Midwives

LIMITATIONS:

- Otolaryngology procedures may only be performed within an otolaryngology practice setting.
- CRNP must have worked in an otolaryngology clinical setting for no less than three (3) months prior to requesting to train.

EDUCATION/COURSE REQUIREMENTS:

- The CRNP must maintain on file readily retrievable documentation of procedures performed annually, including the documented training, education, and competency validation.

Training Requirements for Skill(s) or Procedure(s)

- The CRNP must observe no fewer than **150** of each procedure requested (including normal/abnormal tissue distinction) *prior to* requesting authorization to train to perform the procedure.
- Observations may begin immediately upon employment.
- The collaborating physician completes a request to train the CRNP after the observation period is completed.

Supervised practice must be submitted to the Board within one (1) year of approval to train, or the approval to train will lapse.



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Skills/Procedures	Observations if indicated	Number Required for Initial	Annual Maintenance Requirement
• Flexible Fiberoptic Diagnostic Laryngoscopy/Stroboscopy • Flexible Nasopharyngoscopy • Diagnostic Nasal Endoscopy (flexible and rigid)	Observe no less than 150 of each procedure requested	Perform 25 procedures under the direct supervision of the collaborating or covering physician for each procedure requested	No less than 15 procedures annually to maintain competency for each procedure requested

QUALITY ASSURANCE MONITORING REQUIRED: Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events [ABN Administrative Code § 610-X-.01(13)].

NOTES:

- Training may not begin until the CRNP receives written approval from the Alabama Board of Nursing, and the physician must receive written approval from the Alabama Board of Medical Examiners.