

**ALABAMA STATE BOARD OF MEDICAL EXAMINERS**  
848 Washington Avenue (36104)  
P.O. Box 946, Montgomery, AL 36101-0946  
(334) 242-4116

**The Collaborating Physician is required to submit  
the following form and fee for Commencement of  
Collaborative Practice to the Alabama Board of  
Medical Examiners**

1. Required Information:
  - a. Physician's name, license number and practice address.
  - b. CRNP/CNM name, license number and practice address.
  - c. Starting date for the CRNP or CNM to provide services in this collaborative practice.
2. Number of hours CRNP/CNM to work with physician
3. Original Signature of the physician attesting to the required information.
4. Remittance of Collaborative Practice Fee of \$100.00 payable to : **Alabama Board of Medical Examiners**

**Incomplete forms will be returned for correction. Final approval must  
be granted before a Collaborative Practice Certificate will be issued.**

**Collaborative Practice Rule 540-X-8-.0 (1)( a-c)4/540-X-8-.18 (1) (a-c)**

**Qualifications for Physicians in Collaborative Practice with Certified Registered Nurse Practitioner/Certified Nurse Midwife.**

- (1) The physician in collaborative practice with a certified registered nurse practitioner/certified nurse midwife shall have:
  - (a.) A current, unrestricted license to practice medicine in the State of Alabama; and
  - (b.) Practiced medicine 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,(for CNM 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 registration forms.



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Commencement
For Collaborative Practice

Mailing Address:
P.O. Box 946
Montgomery, AL 36101-0946

Physical Address:
848 Washington Avenue
Montgomery, AL 36104

Phone: 334-242-4116
Toll Free: 1-800-227-2606
Website: www.albme.org

Send the signed original document and \$100.00 fee to the Alabama Board of Medical Examiners.

\*\*SEND THIS PAGE ONLY TO: Alabama Board of Medical Examiners
Attn: Deana Bozeman

- 1. Physician's Name: License Number: Practice Address:
2. CRNP/CNM Name: License Number: CRNP/CNM Practice Address:
3. Date services to begin under this Collaborative Practice Agreement
4. Number of hours this CRNP will work under this Collaborative Agreement

This is to certify that I, the undersigned physician :

- 1. Will complete a minimum 10% random chart review of the CRNP/CNM's clinical practice
2. Affirm the covering physicians listed in the application are aware of the commitment to cover and have read and understand the Collaborative Practice Rules
3. Have an emergency plan/policy in writing for the Collaborative Practice.

In the event you must terminate this Collaborative Practice it is the Physician's responsibility to notify the Alabama Board of Medical Examiners in writing [(Rule 540-X-8-.04 (4) (b)] within five (5) business days of this termination. Termination form may be found on our website at www.albme.org under Collaborative Practice Information.

I the undersigned physician hereby certify under penalty of law of the State of Alabama that the foregoing information in the Collaborative Practice Application submitted online is correct to the best of my knowledge and belief. I certify that I have reviewed the current rules and regulations of the State of Alabama pertaining to CRNPs/CNMs and understand my responsibilities. I understand that the CRNP/CNM and I are jointly and individually responsible for complying with the rules and regulations pertaining to CRNPs/CNMs and the collaborative practice of CRNPs/CNMs with physicians.

PHYSICIAN'S SIGNATURE: DATE:
(Original Signature Only)

\*\*To alleviate a delay in approval of this Collaborative Practice fill out the form completely and send upon submission of the Collaborative Practice Application. This Commencement Form will be returned if all of the information is not present and a check attached for the required fee.