

Ensuring Quality for Collaborative Practices

**MASA's 2010 Annual Session
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Huntsville, Alabama**

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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Objectives

- **Identify AP Nurse & Physician responsibilities in a collaborative practice**
- **Discuss methods of written documentation of Quality Assurance**
- **Discuss methods of documentation of collaboration time**
- **Regulations**

Objectives

- **Authorized functions and prescribing**
 - **Sites for practice**
 - **Quality monitoring**

Collaboration

- **Statutory definition from Code of Alabama 34-21-81(5) [*Nurse Practice Act, Article 5*]**
- **Formal relationship based on written protocols**
- **Between a physician or physicians and 1 or more CRNP/CNM's (engaged in advanced practice nursing)**

Collaboration

- **Approved according to statute and rules or exempted by same**
- **The essence of collaboration means to work together**

Where to Find the Rules

- www.albme.org
 - Administrative Rules
 - 540-X-8 Advanced Practice Nursing
- www.abn.state.al.us
 - Nurse Practice Act, Article 5
 - Administrative Code
 - 610-X-5 Advanced Practice Nursing – Collaborative Practice

Where to Find the Rules

- www.legislature.state.al.us > ALISON

Collaborative Practice Rules

- Requirements for collaborative practice
 - Physician
 - Nurse Practitioner / Nurse Midwife
- Prescriptions and medication orders
- Quality Assurance requirements

Collaborative Practice Rules

- Separate rules for CRNP and CNM, although similar
- ABME & ABN sections are similar and were formulated by the Joint Committee in 1996
- Important to read and understand these rules before signing a collaborative agreement

Recent Changes

- Change in admission and inpatient orders, effective as Emergency Rule on June 26, 2008
- Physician may authorize delegation of medication administration in remote site, in the form of written policy in Collaborative Agreement
- Implementation of \$100 Annual Collaborative Practice Fee for physicians

Joint Committee of the Board of Nursing and the State Board of Medical Examiners for Advanced Practice Nurses

Joint Committee

- Recommends rules to ABME and ABN
- 3 Nurses
 - CRNP in collaborative practice
 - CNM in collaborative practice
 - RN
- 3 Physicians
 - 1 in collaborative practice with CRNP or CNM
 - 2 other physicians

Review by Joint Committee

- Standard protocol & formulary, covering physician
 - Presented to ABN & ABME Monthly
- Remote sites, additional duties, special formulary
 - Review by Joint Committee
 - Usually Jan, Mar, May, Jul, Sep, Nov

Review by Joint Committee

- Recommendation to both Boards for approval
 - Defer recommendation
 - Get additional information
- Usually 2 - 4 months from date of application

Responsibilities of CRNP/CNM

- Apply to ABN
 - Application = Standard Protocol Agreement
 - On-line Application process is expected in mid-2010

Responsibilities of CRNP/CNM

- Maintain credentialing documents
 - Copy of signed application
 - National Specialty Certification
 - ABN Notice of Approval for Collaborative Practice, Initial & Renewal

Responsibilities of CRNP/CNM

- Know ABN rules
- Functions & activities
 - Standard protocol, printed in application form
- Scope of practice
 - Education
 - Specialty certification
- Quality monitoring

Advanced Practice Nursing in Collaborative Practice

- CRNP and CNM
- Collaborative practice agreements with an Alabama physician
- Prescribe legend drugs, not controlled drugs
- “Within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client.”

Other Advanced Practice Nurses

- CRNA and Clinical Nurse Specialist
- Different rules
 - ABN Administrative Code 610-X-9
- Not regulated by ABME
- Prohibited activities
 - Prescriptive authority

Other Advanced Practice Nurses

- Functions of CRNP or CNM, as defined in statute & regulations
- Collaborative practice, as defined in statute

Physician Qualifications for Collaborative Practice

- Must have a current, unrestricted license to practice medicine in the State of Alabama
- Paid all collaborative practice fees due to the ABME
- Submitted the Collaborative Practice Commencement form to the ABME

Physician Qualifications for Collaborative Practice

- Must meet one of the following
 - Practiced Licensed Medicine for at least 3 years
 - Be Board Certified and have practiced licensed medicine for one year
- Practiced Licensed Medicine for at least 1 year and/or have completed a 3 year residency

Responsibilities of Physician

- Shall be present with the CRNP in an approved practice (collaboration time) site for no less than an average of 10% of the CRNP’s scheduled weekly work hours (40 hrs/wk = 4 hrs/wk, 32 hrs/wk = 3 hrs/wk)
- A covering physician may also complete this requirement

Responsibilities of Physician

- Provide a protocol for availability of a covering Physician in the event the collaborating Physician is unavailable
- Visit each practice site no less than quarterly

Responsibilities of Physician

- Be readily available for medical oversight and direct medical intervention
 - Direct communication, radio, telephone or telecommunication
 - Consultation and referral
 - Direct medical intervention

Responsibilities of Physician

- If there is no pre-approved covering physician available, the CRNP/CNM may practice only when the collaborating physician is readily available

Covering Physicians

- Must have pre-approved signed agreement specific to CRNP/CNM and one physician
- Does NOT stand alone
- Meets ABME physician requirements set forth in the rules
- Familiar with rules and protocol

Responsibilities of Physician

- Shall not collaborate with any combination of AP Nurses or PA's to exceed 3 FTE's (120 hrs)
- Exception – no more than 4 CNM's total
- Complete timely Quality Assurance reviews

Responsibilities of Physician

- Know APN Scope of Practice
- The physician may not delegate any skill that is considered the practice of medicine and may not require the CRNP to perform skills outside of their Scope of Practice

Definitions

Medical Oversight

- Concurrent and ongoing collaboration between a physician and CRNP/CNM
- Documentation of time together in an approved practice site
- Includes, but not limited to
 - Direct consultation & patient care

Medical Oversight

- Discussion of disease processes
- Review of records
- Activities to promote positive patient outcomes

Readily Available

- Response by the collaborating or covering physician by
 - Telephone, telecommunication, or radio
- For consultation, referral or Direct Medical Intervention

Readily Available

- Direct Medical Intervention
 - Physical presence of a physician to attend the patient as defined in the collaborative practice protocol
 - As indicated by the needs of the patient
 - Based on usual & customary standards of medical practice

Practice Sites

- Principle Practice Site
 - The main location at which the collaborating physician is engaged in the practice of medicine
- Remote Site
 - An approved collaborative practice site without a physician on-site

Quality Assurance

- **Documented** evaluation of the CRNP/CNM's clinical practice
- Use of established outcome indicators
- Review specified percentage of charts as indicated in QA plan
- Include a summary of findings
- Recommendations for change, if indicated

Application Process

Application Process

- CRNP/CNM and physician sign the agreement
- Physician: Send Commencement Form with \$100 Collaborative Practice Fee to ABME
- CRNP/CNM: Send Protocol Application with \$50 fee to ABN
Mid-2010 – On-line at www.abn.alabama.gov

Application Process

- ABN Staff evaluates information on the application for compliance with rules
- ABME staff reviews for physician qualifications
- If physician is a 1st time physician in Collaborative Practice – ABME sends a information packet

Application Process

- Physician information
 - Page 2 of the application
- Covering physicians
- Original signatures
 - CRNP/CNM
 - Collaborating physician
 - Covering physicians

Types of Approval

- Provisional
 - Until results of first attempt on Certification Exam
 - 100% on-site supervision by physician or approved CRNP of same specialty
 - If failure, stop NP practice
 - Re-apply after certification

Types of Approval

- **Interim**
 - Transition between collaborations, after submitting application
- **Temporary (provisional or Interim)**
 - “Standard Protocol” as printed in application form
 - Defined in rules

Types of Approval

- Generic functions for all specialties
 - Adds detail to law and rule
 - Formulary for prescribing
- No additional fee for temporary approval
- Either Board may oppose temporary approval

Temporary Approval

- Letter for Provisional, Temporary, Interim includes
 - Rx Number - 4 digits
 - Covering physicians - if submitted
 - Remote sites – if submitted
 - Not during Provisional

Temporary Approval

- ABME does NOT send a separate Temporary Approval
 - It is implied
 - ABN has confirmed physician eligibility with ABME prior to sending approval

Notice of Final Approval

- Original to the CRNP
- Copy to Physician
- ABME sends Registration Certificate to Physician following approval at Board Meeting
- ABN send Full Approval Authorization Card
 - Identifies the CNM/CRNP & physician
 - Effective dates (end date means *expired*)

Termination of Collaboration

- CRNP & CNM
 - Notify ABN in writing
- Physicians
 - Notify ABME
 - Required within five (5) business days by letter or specific form
 - Form available on ABME website

Quality Assurance

Quality Assurance Monitoring

- Documentation of Quality Monitoring is required in Collaborative Practice
- Almost every other aspect of QM is a professional clinical decision of the CRNP/CNM

Plan for Quality Assurance Management

- Know what is in the Quality Assurance Plan in your application
 - Who will complete the chart reviews?
 - What is the time-frame for the reviews?
 - What are the consequences of the review, changes to the protocol, etc?

Plan for Quality Assurance Management

- Do you have selection criteria defined by your agency, practice or group?
- Is the documentation easily retrievable?

The Minimum for Quality Assurance Monitoring

- Identified patient outcome indicators
- 10% or greater random sampling of all patient records within the established time frame
- Review records of 100% of patients with adverse outcomes
- Written documentation of Chart Reviews

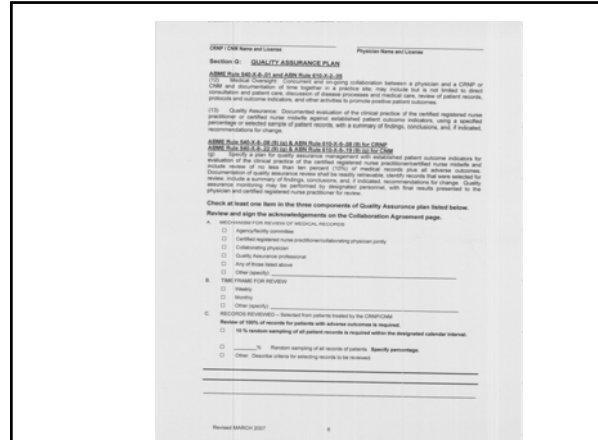
Mechanism for Meeting QA Requirement

- The Physician and CRNP/CNM are the responsible parties for ensuring that the Quality Monitoring plan is accomplished and documented
- Other staff may
 - Collect the data
 - Abstract the patient record
 - Summarize the findings

Mechanism for Meeting QA Requirement

• **KEY**

- Findings must be reviewed by the physician and CRNP/CNM



QA Re-cap

A. Who will complete?

- Agency / Facility committee
- CRNP/CNM & Physician jointly
- Physician only
- QA Professional
- Other

OR

- Any of those listed above

QA Re-cap

B. Time frame

- Use calendar to schedule times to review records and findings
- Is this schedule timely?
- Meaningful feedback
- Adjustments and improvements in patient care
- Daily or frequent data collection
 - Trending over longer periods

QA Re-cap

- What percentage of records will be reviewed?

- 10% is the minimum

AND

- All records for which there was an adverse outcome

- Define sampling and review process

General QA Sample Form

SAMPLE
Quality Improvement Review Form
CRNP/CNM

Total hours for review _____ Date Reviewed _____ Total # of pts _____

Chart Number or Identifier _____

Date of patient visit/review					
Signature of APRN/CNM/CDC/CRNP					
Signature of APRN/CNM/CDC/CRNP					
Signature of APRN/CNM/CDC/CRNP					
Signature of APRN/CNM/CDC/CRNP					
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Signature of APRN/CNM/CDC/CRNP					

APRNs, RNs, APRNs, APRNs and APRNs Rule 333.0-33

CRNP/CNM Name and Contact: _____ Physician Name and Contact: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Physician Signature: _____ Date of Decision: _____

CRNP/CNM Signature: _____ Date of Decision: _____

Diagnosis Specific Sample QA Form

Amputee Clinic / Office
1111 Government Street
Birmingham, AL 35203

OSAP® Member ID#0979
Diabetic Chart Review

Week Month of: _____ Total No. of pts seen: _____ No. of charts reviewed: _____

Chart #	Review Date	High A1C	Medication	Education	Diabetic	Complication	Other

Please complete each column with a "Y" or "N" or "U" (unsatisfactory). "N/A" if not applicable. "NO" if not applicable.

Discussion Comments:

Physician Signature: _____ Date of Discussion: _____
Other Signature: _____ Date of Discussion: _____

Quality Assurance Summary

- To summarize
 - Keep it simple and meaningful
 - Include chart #'s / names (or selected identifier) & dates of chart reviews / discussions
 - Must be easily & readily retrievable
 - Must indicate changes / comments as needed
 - Re-evaluation, as needed

Practical Aspects of Quality Monitoring

Ray Hudson, MD
Collaborative Practice Consultant to the
Alabama Board of Medical Examiners

Collaboration

Collaboration Agreement a.k.a. "The Protocol"

- Complete, signed application
- Application identifies CRNP/CNM practice sites
 - Each practice site, by address
 - Every single site, by designation
 - Office, clinic, ambulatory center, school, FQHC

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 - Office, clinic, ambulatory center, school, FQHC

Collaboration Agreement a.k.a. "The Protocol"

- Hospital, SNF, ALF, dialysis clinic, surgery center
- Volunteer clinic and others
- NOTE: Mid-2010 – new format for Collaboration documents

Collaboration

- Does not require direct, on-site supervision by the collaborating physician
- Does require such medical oversight and direction as required by the rules and regulations of the ABME and the ABN, such as
 - Collaboration time requirement
 - Quality Assurance chart reviews

Key Principles of Collaboration

- Time together may be at any practice site that is listed in protocol
- 10% of the CRNP/CNM scheduled hours
- Should be documented in some manner
 - Entry of discussion in patient chart

Key Principles of Collaboration

- Use of form to indicate discussions
- Use of daily patient schedules
- No minimum requirement for
 - Acute Care Hospitals, Skilled Nursing Facilities
 - Alabama Dept of Public Health

Remote-Site Collaboration

- Site away from physician
 - Not physician's principal practice site
 - Not an exempt site, as excluded by the rules
 - Collaborating or covering physician NOT physically present in the clinic, facility, office, or suite where CRNP is seeing patients

Remote-Site Collaboration

- All remote sites and hours must be identified in the application and approved
- ABN approval notice identifies remote sites

Documenting Collaboration

- E-mail files or electronic medical records
- No single perfect way to track collaboration time
- Daily patient schedules, spreadsheets
- Log book
- Notes in patient record for specific consultation

Documenting Collaboration

- A simple list of patients
- For remote sites – a time log may work best
- USE WHAT WORKS FOR YOU!

Documenting Collaboration

Simple Daily COPY

Resurrection Health Clinic

Date: March 2, 2010
Provider: Ann Dale, CRNP

Time	Patient Name	Chart number	Condition
8:00 am	A. Jane Doe	8001	P.O. UTI, "Sun, Chlamydia"
8:30 am	B. John Doe	8002	Flu, Sore
9:00 am			
9:30 am	John C. Doe	8003	Phonol
10:00 am	Bobby Doe	8004	Ear pain, "Sun, Chlamydia"
10:30 am	C. Jane Doe	8005	Conjunct
11:00 am	James B. Doe	8006	Acute
11:30 am	B. John Doe	8007	Respiratory System, "Sun, Chlamydia"
12:00 pm			
12:30 pm			
1:00 pm	Thomas Doe	8008	Strep Throat
1:30 pm	Kyle Lee	8009	Flu, Sore
2:00 pm	Faye Doe	8010	Strep throat
2:30 pm	Melody Moore	1000	Wheezing, "Sun, Chlamydia"
3:00 pm	Melody Moore	1001	Strep throat
3:30 pm	Donald Doe	1002	Strep Throat
4:00 pm			
4:30 pm			

All patients have been contacted with the results of their lab work. All patients are scheduled with the facility.

Ann Dale, CRNP Date: 3/2/2010

Documenting Collaboration

Ann Dale, CRNP

Resurrection Health Clinic

Date: March 2, 2010
Provider: Ann Dale, CRNP

Time	Patient Name	Chart number	Condition
8:00 am	A. Jane Doe	8001	P.O. UTI, "Sun, Chlamydia"
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All patients have been contacted with the results of their lab work. All patients are scheduled with the facility.

Ann Dale, CRNP Date: 3/2/2010

EMR Documentation of Collaboration

- I have reviewed and agree with the nurse practitioners assessment, plan of care and treatment for the patient complaint as presented
- The above assessment, plan of care and treatment, provided by the nurse practitioner, are appropriate for the patient complaint and I concur

EMR Documentation of Collaboration

- Patient education is appropriate based on the patient complaint and visit findings
 - I concur with instructions to the patient/family member and the plan of care

EMR Documentation of Collaboration

- Referrals are appropriate as indicated
 - I concur
- Labs ordered are appropriate
 - Results reviewed and appropriate follow-up is evidenced

Prescriptions and Med Orders by CRNP and CNM

- ABN 610-X-5-.11 & 610-X-5-.22
- APN and Physician info on Rx forms
- ABME 540-X-8-.11 & 540-X-8-.25
 - Also, 540-X-4-.05 Controlled Substances Prescription Guidelines For Physicians

Prescriptive Authority of CRNP and CNM

- “...for patients...”
- Receive and distribute sample drugs within approved formulary
- Not for self or immediate family
- Not for persons outside of the practice
- No controlled substances

Formulary

- Standard formulary for drugs by classification
- Restricted Drugs
 - Define population or diseases
 - Define protocol or concurrent communication with physician prior to order

Formulary

- Antineoplastics
- Oxytocics
- Gold compounds, heavy metals
- Radioactive pharmaceuticals – requires ADPH license for physician
- Any other restrictions determined in collaborating protocol agreement

Prescription Blanks

- “A prescription format that includes...”
 - Physician name, practice address and phone number
 - CRNP name, RN license number and Rx number
 - CRNP practice address and phone number
 - Date the prescription was issued

Sample Prescription Form

Jane Doe, CRNP 123 Highway XYZ Anywhere, AL 30000 Lic. #1-000000 Rx. #1234	Families First Clinic	John Smith, D.O. 456 Main Street Somewhere, AL 30000 Lic. #123456
Patient Name _____	Date _____	
Address _____		
_____ <i>(Product Selection Permitted)</i>	_____ <i>(Dispense as written)</i>	_____ <i>(Dispense as written)</i>

Sample Prescription Form

ABC Health Clinic 123 Highway XYZ Anywhere, AL 30000		
Jane Doe, CRNP Lic. #1-000000 RX #1234		John Smith, M.D. Lic. #123456 DEA #A1234
Patient Name _____	Date _____	
Address _____		
_____ <i>(Product Selection Permitted)</i>	_____ <i>(Dispense as Written)</i>	_____ <i>(Dispense as Written)</i>

Prescriptions & Medical Orders

- Physician may **NOT** leave blank pre-signed prescriptions for use by the CRNP/CNM
- APN and Physician info on Rx forms; even if printed from and EMR
- Physician may not allow CRNP's / CNM's to prescribe controlled substances, C2 – C5

Prescriptions & Medical Orders

- May not leave a signature stamp for CRNP/CNM
- Verbal order for C3-C5 must be recorded in patient record, and co-signed by doctor within 7 business days; prior approval must be obtained
- All inpatient orders must be co-signed as designated by facility policy

Controlled Substances

- Common prescriptions that are often mistakenly written
 - Darvocet
 - Endal HD
 - Lomotil
 - Soma
 - ALL compounds containing Butalbital

Controlled Substances

- Must follow Alabama Controlled Substance List in addition to DEA
- www.adph.org
 - Click on “Contents A-Z” at the top of the page
 - Go to letter “C”
 - Controlled Substances is next to last in that list

Pitfalls in Prescribing

- Incomplete or incorrect information on the prescription blank
- Signing physician's name to any prescription or using signature stamp
- No documentation in patient record for physician's verbal order on controlled substance

Pitfalls in Prescribing

- Leaving blank, pre-signed prescription blanks for use by the CRNP/CNM
- Failure of physician to co-sign verbal order for controlled substance within 7 business days
- Inattention regarding Rx for drugs in control schedules CIV and CV

Physician Delegation

- Physicians may not delegate skills that are considered the "practice of medicine"
- Physicians may not delegate or train the CRNP/CNM for skills outside of the CRNP/CNM Scope of Practice

Physician Delegation

- Physicians may not have the CRNP/CNM train for skills for which the physicians themselves are not qualified to perform

Functions and Activities of CRNP and CNM

- CRNP 610-X-5-.10 & 540-X-8-.10
- CNM 610-X-5-.24 & 540-X-8-.24
- "Standard Protocol" as printed in application form

Prohibited for CRNP and CNM

- Complex suturing
- Thoracentesis
- Administration of regional block anesthetics
- Needle aspiration of breast mass

Prohibited for CRNP and CNM

- Paracervical block
- Paracentesis
- Vacuum – assisted vaginal delivery
- Percutaneous liver biopsy
- Nasal Endoscopy

Prohibited for CRNP and CNM

- Botox®, Collagen and Restylane injections
- Shave/Cautery of superficial lesions without biopsy
- Sphenopalatine ganglion block with topical agent

Allowed in Specific Circumstances

- Allowed after physician evaluation of the patient
 - Cryotherapy of superficial benign skin lesions
 - Shave biopsy
- Other skills specific to practice specialty after documentation of training

Parameters for Central Venous Lines

- Acute care and emergency settings
 - Approved in protocol of the specified CRNP
 - Submit documented training to the Board with Collaborative Practice Application

Parameters for Central Venous Lines

- Excludes subclavian vein unless the physician is physically present during the procedure
- Jugular for general venous access

Parameters for Central Venous Lines

- Femoral
 - Venous sticks
- Percutaneous insertion
 - Not tunneled
- Inserted no farther than the superior vena cava at the innominate vein

Joint Aspiration and Injection

- Does not include Hip joint
- Limited to
 - Shoulder, Elbow, Knee, Ankle
 - Injection of Greater Trochanteric Bursa
- Physician applies to ABME for approval to train, submitting protocol and training plan

Joint Aspiration and Injection

- If physician is approved
 - Submit application to change the collaborative practice requesting additional skill
- ABN Limitations
 - Acute care, adult, family, geriatric

Joint Aspiration and Injection

- Record 25 total procedures and submit documentation to ABME and ABN
 - Contact ABN/ABME for documentation form

Colposcopic Procedures

- Colposcopy
 - Colposcopically-directed biopsy, related procedures
 - Endocervical curettage
- Physician qualified to perform procedures and mentor

Colposcopic Procedures

- Women's Health CRNP or CNM, only
- American Society for Colposcopy and Cervical Pathology, required
 - Comprehensive curriculum
 - Mentorship program and certification

Request for Additional Duties

- What is rationale for procedure in CRNP's specialty of practice?
- In this particular practice?
- Perform vs. prescribe and interpret
 - Ex: cardiac ultrasound

Request for Additional Duties

- Is the physician qualified to do it and provide medical oversight?
- No “delegation of medical acts” to CRNP at physician’s discretion
- New procedures

Request for Additional Duties

- If recognized by ABN and Joint Committee
 - Learned thru CE and guided practice
 - Request approval performing the procedure

Request for Additional Duties

- Differences in basic education for NP Specialty
 - Family or women’s Health
 - Adult or geriatric
 - Acute care
 - Neonatal or pediatric
 - Oncology or palliative care

Changes in Restricted Procedures

- Application with detailed protocol for procedure
- Review by the Joint Committee
- Pertinent to the medical practice of the Physician

Changes in Restricted Procedures

- Approval by ABN and ABME prior to performing procedure
- Documentation of organized instruction
- Documentation of supervised practice, after authorization

Collaborative Practice Audit Process

Collaborative Practice Audit

- Copy of CRNP/CNM protocol (application) at EACH practice site
- Copy of ABME Collaborative Practice Registration Certificate
- CRNP/CNM Approval Notice from ABN & Credentials
- QA Tracking and Documentation

Collaborative Practice Audit

- Documentation of Collaboration
- Review of Prescription Pads
- Review of charts for evidence of physician oversight
- Follow-up if indicated

Problems Seen

- Failure to complete required QA process and provide Medical Oversight and Direction as required
- Failure to meet and document Collaboration Time requirement

Problems Seen

- Physicians and CRNP's working without benefit of a collaborative agreement
- Unapproved physicians providing back-up coverage for a nurse practitioner

Possible Medical Board Actions

- Letter of Concern (LOC)
- Alabama Controlled Substance Certificate (ACSC) Actions
- Summary Termination
- Restrictions on current and future Collaborative Agreement
- Administrative Complaint to the Medical Licensure Commission (MLC) for a fine / reprimand

Possible Nursing Board Actions

- Possible violation of Nurse Practice Act and ABN Regulations
 - Independent investigation to determine facts
 - Reprimand with fine up to \$1000.00

Possible Nursing Board Actions

- Possible violation of Nurse Practice Act and ABN Regulations
 - Probation
 - Suspension or Revocation
 - Close investigation
 - No action
 - Letter of admonishment

Points of Contact

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Points of Contact

Address: Collaborative Practice
Inspectors
Alabama Board of Medical Examiners
848 Washington Avenue
Montgomery, AL 36104

Questions

Alabama Board of Medical Examiners
Larry Dixon, Executive Director
334-242-4116

Recertification and License Renewal for CRNP and CNM

- ### Official Verification of Specialty Certification
- Official verification from the national certifying agency to the Board of Nursing
 - Initial certification
 - Re-certification
 - NP or CNM national certification
 - Board-recognized national certifying body

Specialty Certification for Continued Approval

- Not on the same schedule as RN license
- Prerequisite for continuation of Alabama APN approval
- ABN will send updated APN credential to nurse after receiving verification from the certifying agency

Lapse in APN Approval

- 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 an APN
- Requires application to reinstate APN

Renewal with RN License

- 2 year RN license period thru 12-31-2010
- RN \$75 + APN \$50 every 2 years
 - Proposed APN fee increase to \$75 every 2 years
- CRNP, CNM, CRNA, CNS
- APN fee is on same calendar schedule as RN license

Electronic Record for CE

- Magnetic stripe on RN card
- ABN providers
 - Scan the RN card
 - Report CE directly to ABN
- Verify your record on-line
- www.abn.state.al.us

Electronic Record for CE

- Courses without an ABNP provider number
 - Record contact hours yourself – NOW
 - On-line Individual CE Record
 - Identify your Pharm CE
 - Don't wait for renewal
 - It calculates your total hours!

CE in Pharmacology for Advanced Practice Nursing

- Continuing education
 - 6 contact hours out of 24 required for RN renewal
 - Report with RN renewal
 - Earning period same as RN license period January 1, 2009 - December 31, 2010

CE in Pharmacology for Advanced Practice Nursing

- Pertinent to
 - CRNP/CNM prescriptive privilege
 - CRNA practice of anesthesia
 - Program title clearly about pharmacology
- OR
- Certificate identifies total pharmacology hours

Alabama Board of Nursing

Advanced Practice Nursing Consultant
Charlene Cotton, MSN, RN
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Phone: 334-242-4787
Fax: 334-242-4360

Advanced Practice Nursing Administrative Support Staff

Incoming Applications
Javonda Kennedy
E-mail: javonda.kennedy@abn.state.al.us
Phone: 334-353-4010

Advanced Practice Nursing Administrative Support Staff

**Joint Committee Review, Board Approval,
Renewal & Recertification**
Misti Broadnax
E-mail: misti.broadnax@abn.state.al.us
Phone: 334-242-4282

License Verification

- Free: license lookup on
 - www.abn.state.al.us
- \$30: written or online request
 - Written verification of license history
 - Disciplinary history
- Subscription fee: 4 levels

Subscription Verification

- LPN, RN, APN license confirmation
- Email for change in status
- Original issue date of license
 - Date of last disciplinary action, if any
 - Copy of Board order for discipline, upon request

Subscription Verification

- CRNP & CNM
 - Name of collaborating physician;
prescriptive authority status

Subscription Verification Service

Andy Stewart

Manager of Licensing

E-mail: andy.stewart@abn.state.al.us

Phone: 334-353-8553

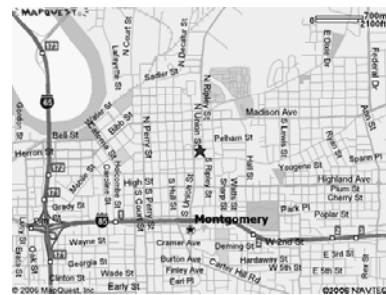
Alabama Interactive:

support@alabamainteractive.org

Where on Earth Is the Board of Nursing?

- RSA Plaza
770 Washington Avenue, Suite 250
Montgomery, AL 36104
- Washington Ave, between Union St
and Ripley St
- 1 block 'downhill' from MASA and
ABME

Where on Earth Is the Board of Nursing?



Alabama Board of Nursing

- Web Page: www.abn.alabama.gov
- E-mail: abn@abn.alabama.gov
- License verification: 334-242-0767
- Phone: 1-800-656-5318 (toll free)
334-242-4060 (local)
- Fax: 334-242-4360
- Mail: PO Box 303900
Montgomery, AL 36130