ALABAMA BOARD OF NURSING
ADMINISTRATIVE CODE

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

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

(d) Two certified registered nurse practitioners engaged in advanced practice nursing with physicians in the State of Alabama; and

(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.
Amended: Published September 30, 2026; effective November 14, 2026.

610-X-5-.02 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.

Ed. Note: Rule .01 was renumbered to .02 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.03 Qualifications For Approval To Practice As A Certified Registered Nurse Practitioner (Repealed 1/10/26).

(Repealed 1/10/26)
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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .02 was renumbered to .03 as per certification filed July 2, 2015; effective August 6, 2015.

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

(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.
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. **Amended:** Published November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .03 was renumbered to .04 as per certification filed July 2, 2015; effective August 6, 2015.

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.

Ed. Note: Rule .04 was renumbered to .05 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.06 Application for Approval to Practice As A Certified Registered Nurse Practitioner (Repealed 1/10/26).

(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. **Repealed:** Published November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .05 was renumbered to .06 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.07 Authorization For Practice As A Certified Registered Nurse Practitioner (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .06 was renumbered to .07 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.08 Temporary Approval To Practice As A Certified Registered Nurse Practitioner (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .07 was renumbered to .08 as per certification filed July 2, 2015; effective August 6, 2015.

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.

Ed. Note: Rule .08 was renumbered to .09 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.10 Standards Of Practice For Certified Registered Nurse Practitioners (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .09 was renumbered to .10 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.11 Functions And Activities Of Certified Registered Nurse Practitioners (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .10 was renumbered to .11 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.12 Prescriptions And Medication Orders By Certified Registered Nurse Practitioners.

(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:

(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. **Amended:** Published November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .11 was renumbered to .12 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.13 **Reinstatement Of Lapsed Approval For Practice As A Certified Registered Nurse Practitioner (Repealed 1/10/26).**

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .12 was renumbered to .13 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.14 Qualifications For Approval As A Certified Nurse Midwife (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .13 was renumbered to .14 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.15 Qualifications For Physicians In Collaborative Practice With Certified Nurse Midwives.

(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.
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. **Amended:** Published November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .14 was renumbered to .15 as per certification filed July 2, 2015; effective August 6, 2015.

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.

Ed. Note: Rule .15 was renumbered to .16 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.17 Application For Approval To Practice As A Certified Nurse Midwife (Repealed 1/10/26).

(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. **Repealed:** Published November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .16 was renumbered to .17 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.18 Authorization For Practice As A Certified Nurse Midwife (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .17 was renumbered to .18 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.19 Temporary Approval As A Certified Nurse Midwife (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .18 was renumbered to .19 as per certification filed July 2, 2015; effective August 6, 2015.

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.

Ed. Note: Rule .19 was renumbered to .20 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.21 Standards Of Practice For Certified Nurse Midwives (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .20 was renumbered to .21 as per certification filed July 2, 2015; effective August 6, 2015

610-X-5-.22 Functions And Activities Of Certified Nurse Midwives (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .21 was renumbered to .22 as per certification filed July 2, 2015; effective August 6, 2015

610-X-5-.23 Prescriptions And Medication Orders By Certified Nurse Midwives.

(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:

(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. **Amended:** Published November 26, 2025; effective January 10, 2026.

Ed. Note: Rule .22 was renumbered to .23 as per certification filed July 2, 2015; effective August 6, 2015.

610-X-5-.24 Reinstatement Of Lapsed Approval For Practice As A Certified Nurse Midwife (Repealed 1/10/26).

(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 November 26, 2025; effective January 10, 2026.

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.