

Collaborative Practice Registration Certificate

Alabama State Board of Medical Examiners

P.O. Box 946

Montgomery, AL 36101-0946



Receipt #

CPR # _____

Physician:

CRNP:

Fee Paid:

Issued:

License #:

License #:

Expires:

This document, or a copy, must be available at each practice site where the specified nurse practitioner will practice. In the event this collaborative practice is terminated the physician is required to notify the Alabama Board of Medical Examiners within five (5) business days. Please return this certificate with your notice of termination.

****CRNP's / CNM's ARE NOT AUTHORIZED TO PRESCRIBE CONTROLLED SUBSTANCES WITHOUT HOLDING A VALID QACSC****