

Ensuring Quality in the Collaborative Practice Agreement:

What Alabama Private Practice Clinicians Need to Know

Satellite Conference and Live Webcast

Thursday, October 26, 2006

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

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Program Objectives

- **Approval and renewal requirements for CRNP/CNM in collaborative practice:**
 - Application process - essentials and options, time-line to board approval.
 - Credentials and verification.

Program Objectives

- **Physician and AP Nurse responsibilities in a collaborative practice:**
 - Identify common problems found during inspections.
 - Identify methods of correction.
 - Identify possible consequences of violations.

Program Objectives

- **Regulations to individual practice situations:**
 - Prescribing and prescription requirements and standard protocol.
 - Quality review-CRNP/CNM and physician requirements, selecting patient outcome indicators.

Cheryl Thomas Presentation

Responsibilities

- Section 540-X-8-.08 of the BME Rules.
- Section 610-X-5-.03 of the ABN Rules.
- These sections are identical and were formulated by the Joint Committee in 1996.
- Important to read and understand these rules before signing a collaborative agreement.

Where Are 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

What's in the Rules?

- Requirements for collaborative practice.
- Prescriptions and medication orders.
- Separate rules for CRNP and CNM, although similar.

Definitions

- **Collaboration** - A formal relationship between one or more certified registered nurse practitioners / certified nurse midwives and a physician or physicians under which these nurses may engage in advanced practice nursing as evidenced by written protocols approved in accordance with the requirements of this article or exempted in accordance with requirements of this article.

Definitions

- **Oversight** - 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 oversight and direction as required by the rules and regulations of the State Board of Medical Examiners and the Board of Nursing.

Physician Responsibilities

- Medical oversight and quality assurance.
- Collaboration time.
- Be available by / for:
 - Direct communication, telecommunication.
 - Consultation and referral.
 - Direct medical intervention.

Physician Responsibilities

- Covering physician – Does not stand alone.
 - Must have pre-approved signed agreement.
 - Meets ABME requirements.
 - Familiar with rules plus and protocol.

On-Site Collaboration

- As identified in your protocol application.
- As required by the rules of the ABME and ABN.
- Every practice site where you will practice must be listed.
- For at least 10% of CRNP's total time in this practice a face-to-face encounter with the collaborating physician is required to discuss patient care and outcomes – must be documented.

On-Site Collaboration

- Time together may be at any site that is listed in protocol.
- If CRNP works in this practice:
 - 30 or more hours weekly, 10% may be monthly.
 - Less than 30 hours weekly, 10% may be quarterly.
- No minimum requirement for:
 - Acute care hospitals, skilled nursing facilities.
 - Alabama Department of Public Health.

Remote-Site Collaboration

- Site away from physician –
 - No collaborating or covering physician is physically present in the clinic, facility, office, or suite where the CRNP is seeing patients; even primary practice site.
- All sites and hours must be identified in the application.
- ABN approval notice identifies remote sites.

Prescriptions and Medical Orders

- Physician may not leave blank pre-signed prescriptions for use the the CRNP.
- APN and physician info on Rx forms.
- CRNP's may not prescribe controlled substances, C2 – C5.

Prescriptions and Medical Orders

- Verbal order for C2-C5 must be recorded in patient record, and co-signed by doctor within 7 days; prior approval must be obtained.
- Inpatient orders must be co-signed.

Controlled Substances

- Common prescriptions that are often mistakenly written:
 - Darvocet.
 - Endal HD.
 - Lomotil.
 - Soma.

Controlled Substances

- Must follow state CS List, not 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.

Documenting Collaboration

- There is no single perfect way to track collaboration time.
- Daily patient schedule.
- Log book.
- Notes in patient record for specific consultation.
- E-mail files or electronic medical records.

Quality Assurance

- Keep it simple and meaningful.
 - Include chart numbers / names and dates of chart reviews / discussions.
 - Must be easily and readily retrievable.
 - Must indicate changes / comments as needed.
 - Re-evaluation, as needed.

Quality Assurance

- Plan for quality management.
 - Who will complete?
 - Sampling and review process.
 - As determined in your practice and described in the protocol / application.
 - All adverse outcomes, plus 10% random.

Collaborative Practice Audit

- Copy of your protocol at each practice site.
- Application, approval notice, credentials physician's license and ASCS current.
- QA tracking and documentation.
- Documentation of collaboration.
- Tracking of patients seen by CRNP.
- Review of prescription pads.
- Review of charts for evidence of physician oversight.

Problems Seen

- Physicians working with a nurse practitioner without benefit of a collaborative agreement.
- In addition to the above, having this nurse practitioner to work at a remote site.

Problems Seen

- Unapproved physicians providing back-up coverage for a nurse practitioner when the collaborating physician is out-of-town or unavailable.
- Physicians allowing a nurse practitioner to work at a remote site, when they are not readily available, without an approved back-up physician.

Problems Seen

- Physicians allowing nurse practitioners to prescribe controlled substances.
- Physicians leaving pre-signed and/or blank signed scripts for use by the nurse practitioner.

Problems Seen

- Failure to track patients seen by the nurse practitioner, where physician and nurse practitioner are in the same office.
- In a remote site this is not usually an issue because the CRNP is the primary provider. If the physician sees patients during his/her time at the clinic, this should be indicated in some manner.
- Failure to track charts reviewed by the physician.

Problems Seen

- Failure to provide medical oversight as indicated by the approved collaborative agreement.
- Not reviewing the required percentage of charts.
- Not spending the required amount of time in collaboration.

Board Actions

- Letter of concern (LOC) –not reportable NPDB.
- Alabama Controlled Substance Certificate (ACSC) Actions – for controlled substance violations.
- BME – termination of current collaborative practice.

Board Actions

- Restriction on current collaborative practice.
- Require practice plan for management of Collaborative Practice.
- MLC – request fines and reprimands.
- MLC – unprofessional conduct or aiding and abetting the practice of unlicensed medicine.

Charlene B. Cotton Presentation

Responsibilities of CRNP and CNM

- Apply to Alabama Board of Nursing
 - Application = Standard Protocol Agreement
- Maintain credentialing documents:
 - Copy of signed application.
 - National Specialty Certification.
 - ABN Notice of approval for collaborative practice, initial and renewal.

Responsibilities of CRNP and CNM

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

Where Are the Rules?

- www.legislature.state.al.us > ALISON
- www.abn.state.al.us
 - Code of Alabama 34-21-80, Nurse Practice Act, Article 5
 - “Administrative Code”
 - 610-X-5 Advanced Practice Nursing – Collaborative Practice
- Alabama Board of Pharmacy
www.albop.com

Where Are the Rules?

- www.albme.org
 - “Administrative Rules” 540-X-8 Advanced Practice Nursing
 - 540-X-4 Controlled Substance Certificate
- Alabama Department of Public Health: www.adph.org
 - Controlled Substance List
 - Healthcare Facility Rules – SNF, ALF, Dialysis Centers, etc.

New Rules

- Adopted by ABME and ABN in September.
- Effective in November 2006.
- Requirements for collaborative practice:
 - Physicians 540-X-8-.01, -.08 and -.19
 - CRNP and CNM 610-X-2-.05, 610-X-5-.08 and -.19
- Definitions:
 - Physician’s principal practice site.
 - Remote practice site.

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.”

Application Process

- CRNP/CNM and physician sign the agreement.
- Payment of fee.
- ABN staff evaluates information on the application for compliance with rules.
- ABME staff reviews for physician qualifications.

Temporary Approval of Collaboration

- Defined in rules.
- “Standard Protocol” as printed in application form.
 - Generic functions for all specialties.
 - Adds detail to law and rule.
 - Formulary for prescribing.
- No additional fee for temporary approval.

Temporary Approval of Collaboration

- 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.
- Interim:
 - Transition between collaborations, after submitting application.

Review by Joint Committee

- **Usually:**
 - Jan, Mar, May, July, Sept, and Nov.
- **Deadline for application:**
 - Dec 15, Feb 15, April 15, June 15, Aug 15, Oct 15.

Review by Joint Committee

- **Action:**
 - Recommendation to both boards for approval.
 - Defer recommendation. Get additional information.
- **Two - four months from date of application to approval.**

Notice of Approval for Practice

- **Original to the CRNP.**
- **Copy to physician.**
- **Letter for provisional, temporary, interim.**
 - Rx number - 4 digits.
- **Full approval authorization card:**
 - Identifies the CNM/CRNP and physician.
 - Effective dates. (End date means expired)

Termination of Collaboration

- **CRNP and CNM:**
 - Notify Board of Nursing.
- **Physicians:**
 - Notify Board of Medical Examiners.

One Doctor per X CRNP-PA-CNM

- **Maximum: 120 scheduled hours per week.**
 - Three full-time equivalents:
 - FTE = 40 hrs worked by one or more persons.
 - Excluding time on-call.

One Doctor per X CRNP-PA-CNM

- **Certified nurse midwives:**
 - Maximum: Four CNMs in collaboration with one doctor.
- **No specified maximum number of CRNP and PA personnel.**
 - No “head count”.

Collaboration

- Statutory definition from Code of Alabama: 34-21-81(5) [Nurse Practice Act, Article 5]
- Formal relationship based on written protocols.
- Approved according to statute and rules.
- Physician or physicians.
- One or more CRNPs and CNMs.
- Engage in advanced practice nursing.

Collaboration

- Does not require direct, on-site supervision of CRNP and CNM by the collaborating physician.
- Professional medical oversight and direction.
- As required by the rules and regulations of the Board of Medical Examiners and the Board of Nursing. Refer to new rules.

Collaboration Protocol (Collaboration Agreement)

- Complete, signed application.
- Application identifies practice sites.
 - Each site, by address.
 - Every single site, by address.
 - Office, clinic, ambulatory center, school, FQHC.
 - Hospital, SNF, ALF, dialysis clinic, surgery center.
 - Volunteer clinic and others.
- Approximate hours per site.

Collaboration

- Time together in any site that is listed in protocol.
- At least 10% of CRNP/CNM scheduled hours.
 - Excluding time on-call.

Collaboration

- If CRNP/CNM time in this practice is:
 - 30 or more hours weekly.
 - 10% monthly.
 - Less than 30 hours weekly.
 - 10% quarterly.
- Hospitals, skilled nursing facilities:
 - On-site time with physician does not have to be documented.

Collaborative Practice

- Principal Practice Site:
 - The main location at which the collaborating physician is engaged in the practice of medicine.

Collaborative Practice

- **Remote Practice Site:**
 - An approved site for collaborative practice without an approved collaborating or covering physician on-site.

Collaborative Practice

- **Remote Practice 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.

Documenting Time Together

- There is no single perfect way to track collaboration time.
- Use what works for you:
 - Electronic records, PDA.
 - Appointment calendar, posted schedule.
 - Log book of dates, times and chart numbers.
 - Notes in patient record for specific consultation.

Functions and Activities of CRNP and CNM

- CRNP 610-X-5-.10 and 540-X-8-.10
- CNM 610-X-5-.24 and 540-X-8-.24
- “Standard Protocol” as printed in application form:
 - Generic functions for all specialties.
 - Adds detail to law and rules.
 - Formulary for prescribing.

Prohibited for CRNP and CNM

- Administration of peripheral block anesthetics.
- Paracervical block.
- Arthrocentesis; Joint aspirations and injections.
- Complex suturing.
- Cervical biopsy, with or without colposcopy.
- Cryotherapy/cryosurgery.
- Endocervical curettage.
- Needle aspiration of breast mass.

Prohibited for CRNP and CNM

- Paracentesis.
- Percutaneous liver biopsy.
- Shave/cautery of superficial lesions, without biopsy.
- Sphenopalatine ganglion topical block, nasal approach.
- Subclavian and femoral line insertion, Swan – Ganz.
- Thoracentesis.
- Vacuum assist vaginal delivery.

Recent Changes!

- As appropriate to the NP specialty:
 - Arthrocentesis; joint aspirations and injections.
 - Colposcopically directed cervical biopsy and indicated treatment including endocervical curettage.

Prescriptions and Med Orders by CRNP and CNM

- ABN 610-X-5-.11 and 610-X-5-.22
- APN and physician info on Rx forms
- ABME 540-X-8-.11 and 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.
- Any other restrictions determined in collaborating protocol agreement.

Formulary

- Restricted drugs:
 - Define population or diseases.
 - Define protocol or concurrent communication with physician prior to order.
 - Antineoplastics.
 - Oxytocics.
 - Gold compounds, heavy metals.
 - Radioactive pharmaceuticals – requires ADPH license for physician.

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.

Pitfalls in Prescribing

- Incomplete or incorrect information on the blank form.
- Signing physician's name.
- Blanks pre-signed by physician.
- No documentation in patient record for physician's verbal order on controlled substance.
- Inattention regarding Rx for drugs in control schedules CIV and CV.

Prescriptions and Med Orders by CRNP and CNM

- No pre-signed prescription blanks from physician.
- No controlled substances, CI-V.
- Verbal order for CIII-V must be recorded in patient record, and co-signed by doctor within 7 work days.
- Inpatient orders are co-signed.
 - Facility policy on time to sign.
 - 24 hrs if there is no facility policy.

Additional Duties

- New procedures:
 - If recognized by Board of Nursing and Joint Committee.
 - Learned thru CE and guided practice.
 - Request approval performing the procedure.

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.

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)
- Is the physician qualified to do it and provide medical oversight?
- No "delegation of medical acts" to CRNP at physician's discretion.

Quality 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 and the physician.

Quality Monitoring - Minimum

- Copy of collaboration protocol at each practice site.
 - Application, initial approval, renewal notice.
- Identified patient outcome indicators.
- Review records of 100% of patients with adverse outcomes.
- 10% or greater random sampling of all patient records within the established time frame.

Plan for Quality Management Application Form

- Mechanism for review of medical records:
 - Agency/facility committee.
 - CRNP/CNM and collaborating physician jointly.
 - Collaborating physician.
 - Quality assurance professional.
 - Other. (specify)

Plan for Quality Management

- Time frame for review.
 - Weekly.
 - Monthly.
 - Other. (specify)

Plan for Quality Management

- Records reviewed:
 - Required: Review 100% of records for patients with adverse outcomes.
 - ___ specified percent of random sampling of all records of patients within the designated calendar interval. If random sampling is less than 10% of routine records, provide description of sampling plan and justification of adequate sample size.

Plan for Quality Management

- Records reviewed:
 - Other. Describe criteria for selecting records to be reviewed.

Plan for Quality Management

- What is the quality monitoring plan in your application?
- Alternative selection criteria defined by agency or practice group.
- Consequences of review, changes to protocol, etc.
- Retrievable documentation.

Mechanism for Review of Medical Records

- Who is responsible for performing the chart review?
- CRNP/CNM and the physician are responsible for ensuring that the quality monitoring plan is accomplished and documented.
- Other staff may:
 - Collect the data.
 - Abstract the patient record.
 - Summarize the findings.

Time Frame for Review

- Calendar schedule for reviewing records and findings.
- Is this schedule timely?
 - Meaningful feedback.
 - Adjustments and improvements in patient care.
- Daily or frequent data collection.
 - Trending over longer periods.

Identify Outcome Indicators

- The CRNP/CNM and physician have the prerogative and the responsibility to determine.
 - Indicators that will be reviewed.
 - Standards or minimums for acceptable performance.

Outcome Indicators

- What is pertinent to your patient population?
- Planned in QM records.
- Impact of CRNP or CNM care?
 - Meaningful.
 - Accessible.
 - Concurrent or retrospective.
 - Short-term or long-term.

Indicators and Standards

- Professional standards of care:
 - CRNP and CNM national specialty organizations.
 - Standards of care for advanced practice nurses.
- Published treatment guidelines.
- Alabama Quality Assurance Foundation (AQAF) offers extensive resources for quality monitoring and analysis in various practice settings.

Indicators and Standards

- Focus:
 - Consistency in treatment process regardless of diagnosis. (Chief complaint, hx & exam, test, tx, f/u)
 - Preventive care and disease screening.
 - Specific disease and interventions.

Adverse Outcomes

- Review is required for records of all patients with adverse outcomes.
- What is an adverse outcome?
 - Not limited to death and iatrogenic injury.

Adverse Outcomes

- How do you define adverse outcome in your practice?
 - Symptoms not resolved by treatment that you expected to take care of the problem?
 - How do you differentiate expected disease progression from insufficient or failed treatment plan?

Records Reviewed

- The number of routine charts that are reviewed should equal or exceed the sampling plan that you defined in your application.

Start Simple and Be Consistent

- QM for the CRNP/CNM:
 - Part of the overall QM process for the practice.
 - Address the CRNP/CNM's responsibilities within the practice.
 - Identify patient encounters of the CRNP/CNM.

Start Simple and Be Consistent

- Something that you think you already do pretty well.
- Convenient process for capturing data.
 - Identifying records.
 - Recording data.
 - Maintaining QM documents.
- Include each staff member's assignment in a written plan.

Leave a Trail for Yourself

- Hansel and Gretel thought breadcrumbs would lead them home from the forest, but the vultures thought those were lunch.



Leave a Trail for Yourself

- Record of charts reviewed for CRNP/CNM encounters so that you can find your way back to them, if needed.
- Simple chart review forms in your handout.

Kill Two Birds With One Stone

- Opportunity to consolidate or separate processes that will make the information convenient?
- Are the data elements only in the patient record?

Kill Two Birds With One Stone

- Capture the data elements from existing processes or sources in your practice.
 - Without an additional trek through the patient record.
 - Appointment schedules, hospital patient lists.
 - Billing records.

Keep Score

- Simple percentages tell a story.
- Have some fun with a favorite ranking or statistic.
- Measure success and track changes over time.
- Friendly wagers for competition.
- Offer a prize or reward.

Keep Score

- GPA: A, B, C. Quality points! Summa, magna, and cum laude.
- County fair: Blue, red, white ribbons.
 - Purple for 'best in show'.
(Consistent High Scores?)
- Baseball? Football? Golf?

Numbers Are Not the Whole Story

- The CRNP/CNM and physician should review the findings.
- Comments.
- Analysis and recommendations.
- Documentation.

What Does It Mean?

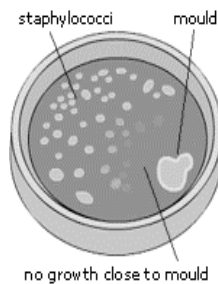
- Medicine and nursing are based on science, inquiry and interpretation.
- Make quality monitoring meaningful for yourself and others in your practice.

There's Always Room for Improvement In Something

- If the numbers on your indicators are always good, maybe it's time to look at different topics and indicators.
- It's your decision.

Discovery and Inspiration

- "Aha!" starts with a deep breath.
- Anticipate the unexpected.
- Dr. Fleming's unwashed petri dish.



Discovery and Inspiration

- Staff members with differing responsibilities bring different perspectives to the monitoring process.
- Trekking through charts may identify a surprising pattern that is not directly related to the indicator that you are monitoring.

How Come It Happens Like This?

- Attention to the nuisance can be the launching point for a new question and indicators.

Don't Hide Your Light Under a Basket

- Share successful strategies with your colleagues.
 - Informally.
 - Professional presentations.
 - Poster sessions.
 - E-mail, blog, chat rooms.

QM Documentation for Collaborative Practice

- Retrievable.
- Meaningful for you.
- Dates of review, report, summary, etc.
- Conclusions, recommendations, etc.
- Re-evaluation as appropriate.

Recertification and License Renewal

Specialty Certification for Continued Approval

- NP or CNM national certification.
 - Not on the same schedule as RN license.
 - Prerequisite for continuation of Alabama APN approval.
 - APN authorization expires with certification.
- Mail or fax a copy to ABN.
- ABN will send updated APN credential to nurse.

New Rule – APN Certification

- Send to the Board, immediately upon receipt:
 - Evidence of current national certification by a Board-recognized national certifying body:
 - Initial certification.
 - APN renewal, by Dec 31st, even-numbered years.
 - Recertification.

New Rule – APN Certification

- 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.

Renewal with RN License

- 2-year RN license period through 12-31-2006.
- Renewal starts 9-1-2006 for license period 1-1-2007 through 12-31-2008.
- RN \$75 + APN \$50 every two years.
- APN fee is on same calendar schedule as RN license.
- CRNP, CNM, CRNA, CNS all pay the same fee.

Electronic Record for CE

- Magnetic stripe on RN card.
- ABN providers (ABNP####)
 - 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.
 - On-line Individual CE Record.
 - Identify your Pharm CE.
 - Do not wait for renewal.
 - It adds up your total hours!

CE in Pharmacology for Advanced Practice Nursing

- Six contact hours out of 24 required for RN renewal.
- Report with RN renewal.
- Earning period same as RN.
 - October 1, even year, till September 30, next even year.
- Earned after graduation from APN education program.

CE in Pharmacology for Advanced Practice Nursing

- Pertinent to:
 - CRNP / CNM prescriptive privileges.
 - CRNA practice of anesthesia.
- Program title is clearly about pharmacology.
- Certificate identifies total pharmacology hours.

Alabama Board of Nursing

- Advanced Practice Nursing
 - Charlene Cotton, MSN, RN
- E-mail: ccotton@abn.state.al.us
- Phone: 334-242-4787

Advanced Practice Nursing

- Administrative support staff
- Javonda Kennedy
 - javonda.kennedy@abn.state.al.us
 - 334-353-4010
 - Incoming applications
- Misti Broadnax
 - misti.broadnax@abn.state.al.us,
 - 334-242-4282
 - Joint Committee review, Board approval, renewal and recertification.

License Verification

- **FREE! 334-242-0767**
- **\$30, written request**
 - Written verification of license history.
 - Disciplinary history.
- **Subscription fee: Level 2 (\$750)**
 - Email notice in 24-48 hours after status change.

Subscription Verification Service Level 3 (\$1500)

- **LPN, RN, APN status.**
- **Original issue date of license.**
 - Date of last disciplinary action, if any.
 - Copy of Board order for discipline, upon request.
- **CRNP and CNM: Name of collaborating physician; prescriptive authority status.**

Subscription Verification Service

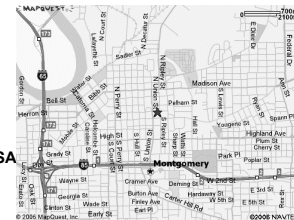
- **Andy Stewart, Manager of Licensing**
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 - **334-353-8553**
- **Alabama Interactive –**
support@alabamainteractive.org

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



Alabama Board Of Nursing

- **WebPage: www.abn.state.al.us**
- **E-mail: abn@abn.state.al.us**
- **License verification: 334-242-0767**
- **Phone: 1-800-656-5318**
 - From anywhere in Alabama
 - **334-242-4060**
- **Fax: 334-242-4360**
- **Mail: P.O. Box 303900, Montgomery, AL 36130**

Upcoming Programs

Infection Control Update
Wednesday, November 1, 2006
2:00 - 4:00 p.m. (Central Time)

**For complete list of upcoming
programs visit: www.adph.org/alphtn**