Alabama: the rules for aesthetic practice

What Alabama's laws and boards say about who may do aesthetic treatments, who must supervise them, and who can own the practice.

Nurse practitioners: Reduced Practice (cosmetic Botox only by CRNPs or PAs on an approved protocol)

Nurse practitioners

Reduced (AANP). CRNPs practice and prescribe under a collaborative practice agreement with a physician, approved jointly by the Board of Nursing and the Board of Medical Examiners (Ala. Admin. Code ch. 540-X-8). A physician may collaborate with no more than 360 hours a week of CRNPs, nurse-midwives and PAs combined (9 full-time equivalents).

Medical director or supervising physician

For a CRNP with less than 2 years (4,000 hours) of experience, or working outside the physician's specialty, the physician must be on site at least 10% of the CRNP's scheduled hours. Otherwise they meet at least quarterly, and the physician visits each remote site at least twice a year. The quality assurance plan reviews a meaningful sample of records plus all adverse outcomes. The physician applies to the Medical Board ($200) and the CRNP to the Board of Nursing; agreements don't renew and stay in effect until the physician reports the end within 14 days.

Cosmetic Botox

The Board of Medical Examiners treats it as the practice of medicine and has authorized only PAs and CRNPs, under the boards' approved protocol (revised April 2026), to give it. Not RNs: a Board of Nursing ruling for one RN protects only that RN, and a physician who delegates to an RN may be in breach of the standard of care. The protocol: 10 didactic hours, a hands-on course of at least 4 hours, 10 observed and 50 supervised procedures, then 25 a year; a collaborating physician who is a board-certified plastic surgeon, facial plastic surgeon or dermatologist (or meets the alternative criteria) and is physically on site during every procedure; medical settings only, no homes or events; written approval from both boards before training starts; at most 100 cosmetic units in 3 months and 400 units per patient in 3 months from all sources. The CRNP can't delegate it. Fillers, lasers and esthetician scope were not checked in November 2026.

Who can own the practice

The Board of Medical Examiners ruled in June 2022, on retail IV therapy, that a business may own the business and employ a physician to provide medical services, as long as the physician independently exercises medical judgment and neither the business nor its owner controls how the physician practices (Ala. Code §34-24-50; Medical Licensure Commission ruling 2-1195, 1992). The Board calls it a fact-by-fact question and cautions physicians about owners, franchisors and investors. Confirm the entity type with an Alabama healthcare attorney.

The biggest risk in Alabama. Letting RNs inject cosmetic Botox, or a CRNP injecting without the approved protocol and an on-site qualified physician.

Check it with your boards: Alabama Board of Nursing - abn.alabama.gov and Alabama Board of Medical Examiners - albme.gov. Checked November 3, 2026. Rules change, so read the current rule on the board's own site before you act.

Ask S.A.G.E. next. S.A.G.E., our AI practice advisor, answers from this same Alabama reference, free in your TMAA account, which you can set up at go.medicalaestheticsassociation.com/start-here. Try:

1. I'm an RN in Alabama. What has to be in place before I offer injectables?
2. What must my medical director agreement cover in Alabama?
3. What can an esthetician do in Alabama, and what needs an order?

S.A.G.E. is not legal advice. For a binding answer, talk to a healthcare attorney in your state.