

APA-2
6/93

**ALABAMA STATE BOARD
OF MEDICAL EXAMINERS**

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X-12, Appendix A, Application for Qualified Controlled Substances Registration Certificate for Physician Assistants

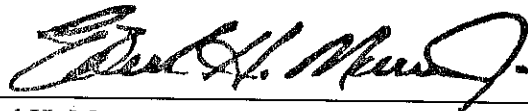
INTENDED ACTION: To amend the Rule Appendix.

SUBSTANCE OF PROPOSED ACTION: To modify form for online completion and amend the question concerning mental health and substance abuse disorders

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Patricia E. Shaner, General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including February 2, 2018. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Patricia E. Shaner, by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. Additionally, the intended action is available at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: February 2, 2018

CONTACT PERSON AT AGENCY: Patricia E. Shaner



Edward H. Munson, Jr., Acting Executive Director

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Substances Registration Certificate (P. A.)

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P.O. Box 946 • Montgomery, Alabama 36101
(334) 242-4116

-APPLICATION-
QUALIFIED CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE
FOR PHYSICIAN ASSISTANTS
Return Completed Application To:

All applicants must answer the following questions. If the answer to questions A, B, C, D or E is yes, the applicant must ~~attach~~ provide a complete explanation detailing all facts and circumstances.

- A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, revoked, voluntarily surrendered while under investigation or disciplined in any manner in any state?-. Yes No
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance?-. Yes No
- C. Has your Federal DEA registration ever been suspended, restricted, or revoked or voluntarily surrendered while under investigation?-. Yes No
- D. Have your staff privileges at any hospitals ever been suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances?-. Yes No
- E. ~~Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner?*~~ Are you currently¹ engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Physician Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners)-. Yes No

If you answer "Yes", then a description is required.

IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as a Physician Assistant.

Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

¹The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may

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have an ongoing impact on one's functioning as a physician assistant within the last two years.

F. Print DEA number and expiration date

~~NOTICE: To lawfully administer, dispense or prescribe controlled substances in the State of Alabama, federal and state statutes require a DEA certificate of registration and a Qualified Alabama Controlled Substances registration Certificate. For further information concerning federal requirements contact DEA, Metairie, LA, 800-882-9539.~~

~~GE. Have you completed one year of clinical employment as a Physician Assistant in a Registration Agreement in Alabama? - () Yes () No
NOTE: If yes, complete attached affidavit~~

~~HG. Have you completed a board approved pharmacology of controlled substances course or courses? - () Yes () No
NOTE: If no, you do not qualify for a QACSC and should not complete this application. If yes, attach/upload documentation of completion. If you have not received documentation yet, please contact our office.~~

~~*The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician assistant within the last two years.~~

~~NOTICE: To lawfully administer or prescribe controlled substances in the State of Alabama, federal and state statutes require a DEA certificate of registration and a Qualified Alabama Controlled Substances Certificate registration. For further information concerning federal requirements contact DEA, Metairie, LA, 800-882-9539.~~

FEE FOR THIS CERTIFICATE IS \$110.00. ENCLOSE YOUR CHECK WITH APPLICATION

~~I swear (affirm) that the information set forth in this application for Qualified Alabama Controlled Substances registration Certificate is true and correct to the best of my knowledge, information and belief. I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.~~

~~Date: _____ Signature of Applicant (P. A.) _____~~

~~Date: _____ Signature of Supervising Physician _____~~

~~P.A. Name: _____ P.A. License No.: _____~~

~~Address: _____~~

~~[PA Name, license no., and address, and Supervising Physician Name will print here]~~

~~UNDER ALABAMA LAW, THIS DOCUMENT IS A MATTER OF PUBLIC RECORD AND WILL BE~~

PROVIDED UPON REQUEST

~~ALABAMA BOARD OF MEDICAL EXAMINERS~~

~~Proof of Clinical Employment
§20-2-63(2)~~

AFFIDAVIT

I, _____ License # _____
hereby certify that I have received a minimum of 12 months of active, clinical employment with physician
supervision following National Commission on Certification of Physician Assistants (NCCPA) certification,
from the following employers:

Employer _____ Street Address _____

City _____ State _____ Zip _____ Phone # _____

Supervisor _____ Employed From: _____ To: _____

Employer _____ Street Address _____

City _____ State _____ Zip _____ Phone # _____

Supervisor _____ Employed From: _____ To: _____

Employer _____ Street Address _____

City _____ State _____ Zip _____ Phone # _____

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Supervisor _____ Employed From: _____ To: _____

Signed: _____
Physician Assistant

Sworn to and subscribed to before me on this _____ day of _____
20____.

Notary Public
My Commission Expires: _____

Author: Alabama Board of Medical Examiners
Authority: Ala. Code § 34-24-53
History: Amended/Approved: November 16, 2017.