

APA-1  
6/93

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners

Rule No. 540-X-12, Appendix B

Rule Title: Qualified Controlled Substances Registration Certificate for Physician Assistants Renewal

         New        X   Amend               Repeal               Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?

         YES

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?

         YES

Is there another, less restrictive method of regulation available that could adequately protect the public?

         NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?

         NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?

         NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?

         YES

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Does the proposed rule have an economic impact?

         NO

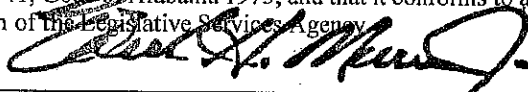
If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer \_\_\_\_\_



Date:          December 14, 2017

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 B, Qualified Controlled Substances Registration Certificate for Physician Assistants Renewal

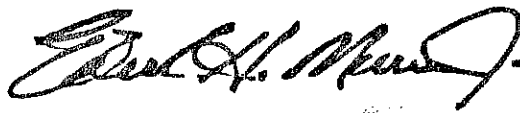
**INTENDED ACTION:** To amend the Rule Appendix.

**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](http://www.albme.org).

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

**CONTACT PERSON AT AGENCY:** Patricia E. Shaner



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Edward H. Munson, Jr., Acting Executive Director

- 20XX

**Qualified Controlled Substances Registration Certificate for Physician Assistants  
Renewal**

**Deadline: December 31, 20XX**

WARNING: Section 20-2-64, Code Of Alabama 1975 (as amended) states that a registration may be suspended or revoked by the Board upon a finding that the registrant has furnished false or fraudulent material information in any application.

Under Alabama law, this document is a public record and ~~if requested it will be provided in its entirety upon request.~~

Answer yes or no to the following questions. If any answer is "yes," please provide a detailed explanation.

- 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 (If yes, please include a detailed explanation)~~
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance? ~~Yes No (If yes, please include a detailed explanation)~~
- C. Has your Federal DEA registration ever been suspended, restricted, or revoked or voluntarily surrendered while under investigation? ~~Yes No (If yes, please include a detailed explanation)~~
- 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 (If yes, please include a detailed explanation)~~
- 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? Since you last renewed have you 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 yes, please include a detailed explanation)~~

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.

540-X-12, Appendix B  
Qualified Controlled Substances Registration Certificate  
for Physician Assistants - Renewal

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

~~\* 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.~~

- F. Do you have a current registration to access the Alabama Prescription Drug Monitoring Database Program (PDMP)? ~~Yes~~  ~~No~~
- G. Do you have a current registration issued by the U. S. Drug Enforcement Administration? ~~Yes~~  ~~No~~

Please provide your Primary DEA number and expiration date.

DEA Number

DEA Expiration Date

NOTICE: A current registration to access the Prescription Drug Monitoring Database and a current registration issued by the U.S. Drug Enforcement Administration are required before renewing a Qualified Alabama Controlled Substances Certificate. For further information concerning DEA registration, contact DEA, (800) 882-9539. For further information concerning the prescription database, contact the Alabama Dept. of Public Health, ~~(877)-703-9869~~ (855) 925-4767.

- H. I certify that I have met the requirement to obtain, within the past two years, four (4) AMA PRA Category 1 Credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.  
Name of course taken

Date course was taken

Upload documentation

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.

~~Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.~~

[Name and address prints here]

Author: Alabama Board of Medical Examiners

Authority: Ala. Code § 34-24-53

History: Amended/Approved: May 17, 2017. Effective date: September 5, 2017. Amended/Approved: November 16, 2017.