

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 C
Rule Title: Qualified Alabama Controlled Substances Registration Certificate (Additional) for Physician Assistants (PA) (Application)

New 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

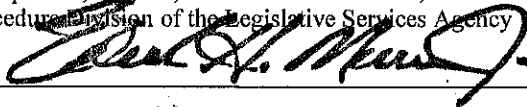
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

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.

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 C, Qualified Controlled Substances
Registration Certificate (Additional) for Physician Assistants (PA)
(Application)

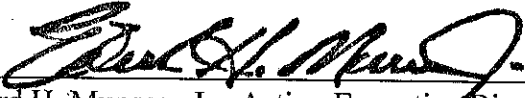
INTENDED ACTION: To propose a new rule

SUBSTANCE OF PROPOSED ACTION: New application form for lower-fee QACSC that is
obtained subsequent to the first QACSC being obtained

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

NEW

**Qualified Controlled Substances Registration Certificate (Additional)
for Physician Assistants (PA)**

Under Alabama law, this document is a public record and will be provided upon request.

PA full name: first, middle, and last

SS#

Present or previous Alabama QACSC #

AL PA License number/ Expiration Date

PA home address/ Home County/ home phone number/ cell phone number/ email address

PA practice address/ Practice County/ practice phone number/ practice email address

Which address do they designate as mailing? Which address do they designate as public?

Supervising Physician Name

Supervising Physician Phone Number and email

Supervising Physician Specialty

Supervising Physician Alabama Medical License number

All applicants must answer the following questions. (If the answer to question A, B, C, D, or E is yes, please provide a detailed explanation.)

- A. Has your privilege for dispensing, accessing, or prescribing controlled substances ever been suspended, restricted, revoked, voluntarily surrendered while under investigation or disciplined in any manner in any state?
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance?
- C. Has any previous or current Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation?
- 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?
- E. Are you currently* 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)

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 (335-954-2596), 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.

NEW

*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 CRNP/CNM within the past two years

F. Have you successfully completed the continuing medical education required by Board rules? (This must include documentation of successful completion of twelve (12) hours of Category I credits including "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls," a Board-approved course that includes advanced pharmacology and prescribing trends relating to controlled substances. Starting with this 12-hour initial course, the CRNP/CNM must obtain (every two (2) years) four (4) AMA PRA Category 1 credits or equivalent through a board-approved course or courses that include advanced pharmacology and prescribing trends related to controlled substances.

Date that the initial 12-hour controlled prescribing course was obtained:

Additional prescribing courses (if applicable):

Name of Course:

Date:

AMA PRA Category 1 hours obtained:

Additional prescribing courses (if applicable):

Name of Course:

Date:

AMA PRA Category 1 hours obtained:

Additional prescribing courses (if applicable):

Name of Course:

Date:

AMA PRA Category 1 hours obtained:

Upload CME documentation

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, 855-925-4767.

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.

I understand that knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary actions. Section 20-2-54, **Code of Alabama** 1975 (as amended) states that a registration may be suspended or revoked by the board upon finding that the registrant has furnished false or fraudulent material or information in any application.

NEW

Fee: \$60

Type name

Author: Alabama Board of Medical Examiners
Statutory Authority: Ala. Code § 20-2-54 et seq
History: New Rule Approved: December 13, 2017
