

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners

Rule No. 540-X-18, Appendix A

Rule Title: Initial Qualified Controlled Substances Registration Certificate for Certified Registered Nurse Practitioners and Certified Nurse Midwives

X New Amend X 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

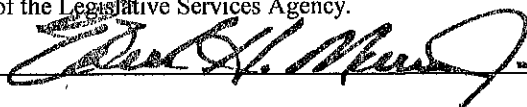
Does the proposed rule have an economic impact? NO

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-18, Appendix A, Initial Qualified Controlled Substances Registration Certificate for Certified Registered Nurse Practitioners and Certified Nurse Midwives

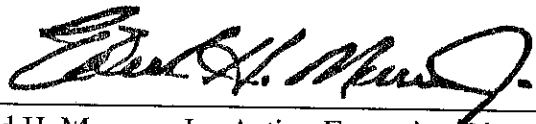
INTENDED ACTION: To repeal and replace the Appendix

SUBSTANCE OF PROPOSED ACTION: Application form being modified for online completion, modification of questions concerning mental health

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

**INITIAL Qualified Controlled Substances Registration Certificate
For Certified Registered Nurse Practitioners and Certified Nurse Midwives**

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

CRNP/ CNM full name: first, middle, and last

SS#

AL RN License number/ Expiration Date

CRNP/ CNM Certification Type/ Date / Expiration Date

CRNP/ CNM home address/ Home County/ home phone number/ cell phone number/ email address

CRNP/ CNM practice address/ Practice County/ practice phone number/ practice email address

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

Collaborating Physician Name

Collaborating Physician Phone Number and email

Collaborating Physician Specialty

Collaborating Physician Alabama Medical License number

All applicants must answer the following questions. (If the answer to question 1, 2, 3, 4, 6 or 7 is yes, please provide a detailed explanation.)

1. Has your privilege for dispensing, accessing, or prescribing controlled substances ever been suspended, restricted, revoked, voluntarily surrendered while under investigation, or disciplined in an manner in any state?
2. Have you ever been convicted of any state or federal crime relating to any controlled substance?
3. Has any previous or current Federal DEA registration ever been suspended, restricted, voluntarily surrendered while under investigation or revoked?
4. Has your employment as a CRNP/CNM ever been suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances?
5. 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. This course must have been completed in the preceding 12 months for initial QACSC applicants.)*

I hereby certify that I have completed the following courses within the last 12 months:

Name of course:

Date:

AMA PRA Category 1 hours obtained:

Upload documentation

Name of course:

Date:

AMA PRA Category 1 hours obtained:

Upload documentation

Name of course:

NEW

Date:

AMA PRA Category 1 hours obtained:
Upload documentation

6. To your knowledge, has disciplinary action been taken or is pending against you with the Board of Nursing or any other licensing authority of any state, territory, or country including but not limited to the Alabama Board of Nursing?
7. *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 a voluntary health monitoring 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 registrants 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 registrants to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program (334-293-5200) an advocacy organization dedicated to improving the health and wellness of nursing professionals in a confidential manner. The failure to adequately address a health condition, where the registrant is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the Qualified Alabama Controlled Substances Certificate. _____ 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.

NOTICE: To lawfully administer, dispense or prescribe controlled substances in the State of Alabama, federal and state statutes require a Qualified Alabama Controlled Substances Registration Certificate and a DEA certificate of registration with the State of Alabama. For further information concerning federal requirements, go www.deadiversion.doi.gov. You will apply for your DEA once the QACSC is issued.

I understand and agree that by signing my name, 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.

Fee: \$110

NEW

Signature:

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

REPEAL

-APPLICATION-
QUALIFIED
CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE
FOR CERTIFIED NURSE PRACTITIONER
AND CERTIFIED NURSE MIDWIFE

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

WARNING: SECTION 20-2-254, 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 AN

Name in full: _____
First Middle Last

Permanent address: _____
Street City State

Zip _____

SSN: _____ (The use of your SSN is limited to the purpose of intra-agency identification purposes.)

AL RN License No.: _____ Issue Date: _____ Expiration Date: _____

ANCC Certification Date: _____ ANCC Certification Expiration: _____

The applicant must answer the following questions. If the answer is "yes" for questions A, B, C, D or E, attach a complete explanation detailing all facts and circumstances for each "yes" answer.

A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, revoked 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? () Yes () No

D. Have your staff privileges at any hospital ever been surrendered, 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 or alcohol abuse) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner?* () Yes () No

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.

G. Have you completed one year of clinical practice? (Note: practice during temporary or provisional approval is excluded) () Yes () No

NOTE: If yes, complete attached affidavit

H. Have you completed a board approved pharmacology of controlled substances course or courses? () Yes () No

NOTE: If yes, attach documentation of completion

* 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 or CNM within the last two years.

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

I swear (affirm) that the information set forth in this application for a Qualified Alabama Controlled Substances Registration Certificate is true and correct to the best of my knowledge, information and belief.

Date _____ Signature of CRNP/CNM _____
Date _____ Signature of Collaborating Physician _____



ALABAMA BOARD OF

MEDICAL EXAMINERS

Proof of Clinical Employment

§20-2-252(3)

AFFIDAVIT

I, _____ hereby certify that I have received a minimum of 12 months of active, clinical practice pursuant to one or more collaborative practice agreements approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners, excluding temporary approval practice and provisional approval practice, from the following employer(s):

Employer _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____

Collaborating Physician _____

Employed From: _____ To: _____

Employer _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____

Collaborating Physician _____

Employed From: _____ To: _____

Employer _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____

Collaborating Physician _____

Employed From: _____ To: _____

CRNP/CNM Signature _____

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

Notary Public
My Commission Expires: _____