

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-18, Appendix B
Rule Title: Qualified Controlled Substances Registration Certificate Renewal (Nurse Practitioners)

_____ 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

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 B, Qualified Controlled Substances
Registration Certificate Renewal (Nurse Practitioners)

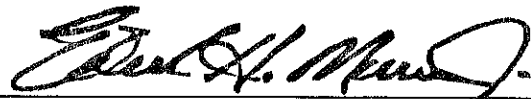
INTENDED ACTION: To repeal and replace the Appendix

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

540-X-18, Appendix B, Qualified Controlled Substances
Registration Certificate Renewal (Nurse Practitioners)

Renewal - 20XX

**Qualified Controlled Substances Registration Certificate for Certified Registered
Nurse Practitioners and Certified Nurse Midwives Renewal**

Deadline: December 31, 20XX

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 ANY APPLICATION.

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

Answer yes or no to the following questions. If any answers to questions 1 through 6
are "yes," please provide a detailed explanation.

1. 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)
2. 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)
3. Has your Federal DEA registration ever been suspended, restricted, voluntarily surrendered while under investigation or revoked? — Yes — No — (If yes, please include a detailed explanation)
4. 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)
5. To your knowledge, has disciplinary action been taken or is pending against you with the Board of Nursing or other licensing authority of any state, territory, or country including but not limited to the Alabama Board of Nursing?
6. 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 your last renewal, 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 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 registrant to address any such condition as stated above.

? ~~Yes~~ ~~No~~ (If yes, please include a detailed explanation)

* 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.

~~6-7.~~ Do you have a current registration to access the Alabama Prescription Drug monitoring database Program (PDMP)? ~~Yes~~ ~~No~~

~~7-8.~~ 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.

8. 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.

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.