

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-4, Appendix A, Application for Controlled Substances
Registration Certificate

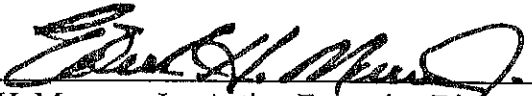
INTENDED ACTION: To amend the Rule Appendix.

SUBSTANCE OF PROPOSED ACTION: To modify 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

-APPLICATION-
CONTROLLED SUBSTANCES
REGISTRATION CERTIFICATE

WARNING: SECTION 20-2-54, 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 APPLICATION.

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

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

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

A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, voluntarily surrendered while under investigation or revoked 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 or revoked 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 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 or the Medical Licensure Commission of Alabama) () 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 medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

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 within the last two years.

**THE ANNUAL FEE FOR THIS CERTIFICATE IS \$150.00.
ENCLOSE YOUR CHECK WITH APPLICATION**

I swear (affirm) that the information set forth in this application for Alabama controlled substances registration certificate is true and correct to the best of my knowledge, information and belief.

Date: _____ Signature of Applicant: _____
(Original signature required)

<<NAME>>

<<ADDRESS>>

Author: Alabama Board of Medical Examiners

Authority: Ala. Code § 34-24-53

History: Amended/Approved: November 16, 2017. Effective Date: