



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 B, Controlled Substances Certificate Registration  
Renewal

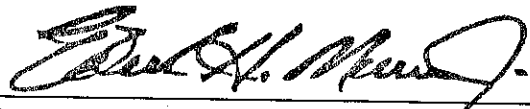
**INTENDED ACTION:** To amend the Rule Appendix.

**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



Edward H. Munson, Jr., Acting Executive Director

## Renewal - 20XX

## Alabama Controlled Substances Certificate Registration Renewal

Deadline: December 31, 20XX

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 ANY APPLICATION.

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

Please answer yes or no. If any answers are YES, please include 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 hospital 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 affects, or if untreated could affect, your ability to practice medicine 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 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 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

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" is not limited to the day on which you are completing this application. Rather, the existence of any condition that has manifested itself within the last two years and has impacted or could impact your ability to practice safely requires you to answer "Yes."~~

- F. Do you have a current registration to access the Alabama Prescription Drug monitoring database Program (PDMP)?      Yes      No
- G. Do you dispense controlled substances, other than pharmaceutical samples, from any practice location? If yes, I confirm my Registration Form is on file with the ALBME.  
Yes      No
- H. 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 an 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).

List any additional DEA numbers and addresses for other locations

DEA Number

DEA Expiration Date

Address Location for DEA Number

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 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. Effective Date: