

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-7, Appendix H
Rule Title: Application for Licensure of Anesthesiologist Assistant

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-7, Appendix H, Application for Licensure of Anesthesiologist Assistant

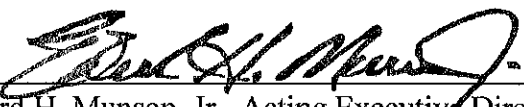
INTENDED ACTION: To repeal and replace the Rule Appendix.

SUBSTANCE OF PROPOSED ACTION: To modify the form for online completion and re-letter as Appendix D

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-7, Appendix D
Application for Licensure of Anesthesiologist Assistant

NEW

Alabama Board of Medical Examiners
PO Box 946 / Montgomery AL 36101-0946 / (334) 242-4116

Application for Licensure of Anesthesiologist Assistant

I.

Anesthesiologist Assistant's name in full

Home address (street, city, state, zip)

Place of birth

Date of birth

Sex

Social Security Number*

*Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete, and no license will be issued.

II. If you answer yes to any of the following questions, please provide a detailed explanation and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc., if appropriate:

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?
3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?
4. Have you ever been denied a state or federal controlled substance certificate?
5. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?
6. Has your certification or license to practice as an anesthesiologist assistant in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered while under investigation in any state?
7. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation?
8. Have you ever been denied a certification or license to practice as an anesthesiologist assistant in any state or has your application for certification or for a license to practice as an anesthesiologist assistant been withdrawn under threat of denial?
9. Have you ever had a judgment rendered against you or action settled relating to the performance of your professional service?

10. Have you successfully completed the Anesthesiologist Assistant National Certifying Examination?

If YES, provide verifying documentation from the National Commission on Certification of Anesthesiologist Assistants (NCCAA).

If NO, have you ever taken the examination? YES/NO

Are you registered to take the examination? YES/NO Test date:

If YES provide verifying documentation from the NCCAA.

11. Are you currently registered, certified to or working for any other primary supervising anesthesiologist either in Alabama or another state? ie Are you presently working as a anesthesiologist assistant? If so, answer yes.

If YES, provide the name and principal practice location of each primary supervising anesthesiologist to whom you are certified. In addition, state your designated working hours per week for each anesthesiologist listed.

12. Have you ever been certified as an anesthesiologist assistant by the Alabama Board of Medical Examiners in the past?

If YES, please provide names of anesthesiologists

13. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?

14. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?

15. 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 (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 with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as an anesthesiologist assistant.

_____ 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 an assistant to an anesthesiologist within the past two years.

16. Have you been, within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

17. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?

III. Applicant's education (since graduating from high school) (provide a copy of your diploma(s) reflecting graduation from an Anesthesiologist Assistant Program): Dates attended, name of school, address of school

IV. Applicant's activities since graduation from high school (cover all time periods): Dates, place of employment or activity, address of employer/activity

V. Certification of licensure (list all states where you have been certified/registered/licensed as an Anesthesiologist Assistant). It is a requirement that each state provide a verification of licensure and return it directly to this agency where it will be attached to your application for licensure. Copies via facsimile or email are accepted (see instructions). It is your responsibility to make the request to each state.

VI. Affidavit and Release:

I, [name], certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of the assistant and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of any certification / licensure granted.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release of the Alabama Board of Medical Examiners from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Date

Anesthesiologist Assistant's Signature

County of

State of
SWORN to and subscribed before me this ____ day of _____, 20__.

Notary Public Signature
My Commission Expires:

ATTACH PHOTOGRAPH HERE

Complete form, print form, sign before a Notary Public, attach color photograph no older than 60 days, and return original with attachments to the Alabama Board of Medical Examiners.

**ALABAMA BOARD OF MEDICAL EXAMINERS
DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN
ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code § 31-13-1, et. seq. prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Act 2011-535 also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for licenses or permits.

SECTION 1 --- APPLICANT INFORMATION

NAME: (Last)(First)(M.I.)

DATE OF BIRTH:

SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one) Yes/No

If you answered YES: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered No: Complete Sections III and IV.
Name of document provided:

SECTION III – ALIEN STATUS

Are you an alien lawfully present in the United States? Yes/No

If you answered Yes: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered No: Complete Section IV.
Name of document provided:

SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE
DATE

LIST A

DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

(1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver's identification card that the person has provided satisfactory proof of United States citizenship.

(2) The applicant's birth certificate that satisfactorily verifies United States citizenship.

(3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.

(4) The applicant's United States naturalization documents or the number of the certificate of naturalization.

(5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.

(6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.

(7) The applicant's consular report of birth abroad of a citizen of the United States of America.

(8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.

(9) The applicant's certification of report of birth issued by the United States Department of State.

(10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.

(11) The applicant's final adoption decree showing the applicant's name and United States birthplace.

(12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.

(13) An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.

LIST B

DOCUMENTS INDICATING STATUS OF QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or

- Unexpired Temporary I-551 stamp in foreign passport or on * I Form-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;

- * Form I-688B (Employment Authorization Card) annotated "274.a12(a)(50)";

- * Form I-766 (Employment Authorization Document) annotated "A5";

- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or

- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or

- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for at Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10);
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
 - * Form I-688B (Employment Authorization Document) annotated "274a.12(a)(3)";
- or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban / Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

Author: Alabama Board of Medical Examiners

Authority: Ala. Code § 34-24-303

History: Amended/Approved: November 16, 2017.

REPEAL

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

APPLICATION FOR LICENSURE OF ANESTHESIOLOGIST ASSISTANT

I. Anesthesiology Assistant's Name in Full _____
 Home Address _____ City _____ State _____ Zip _____
 Place of Birth _____ Date of Birth _____ Sex _____
 Social Security # * _____ / _____ / _____ Home telephone number (_____) _____

*Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete, and no license will be issued.

- II. If you answer yes to any of the following questions, attach detailed explanation or document requested
- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| 1. Have you ever been convicted of a felony? | _____ | _____ |
| 2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? | _____ | _____ |
| 3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? | _____ | _____ |
| 4. Have you ever been denied a state or federal controlled substance certificate? | _____ | _____ |
| 5. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority? | _____ | _____ |
| 6. Has your certification or license to practice as an anesthesiology assistant in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered while under investigation in any state? | _____ | _____ |
| 7. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation? | _____ | _____ |
| 8. Have you ever been denied a certification or license to practice as an anesthesiologist assistant in any state or has your application for certification or for a license to practice as an anesthesiologist assistant been withdrawn under threat of denial? | _____ | _____ |
| 9. Have you ever had a judgment rendered against you or action settled relating to the performance of your professional service? | _____ | _____ |
| 1. Have you successfully completed the Anesthesiology Assistant National Certifying Examination? | | |
| If YES, ATTACH VERIFYING DOCUMENTATION from the National Commission on Certification of Anesthesiology Assistants (NCCAA). | | |
| If NO, have you ever taken the examination? YES _____ NO _____ | | |
| Are you registered to take the next examination offered? YES _____ NO _____ | | |
| If YES ATTACH VERIFYING DOCUMENTATION from the NCCAA. | | |
| 2. Are you currently registered, certified to or working for any other primary supervising physician either in Alabama or another state? ie Are you presently working as an anesthesiologist assistant? If so, answer yes. | _____ | _____ |
| If YES, attach a list with name and principal practice location of each primary supervising physician to whom you are certified. In addition, state your designated working hours per week for each physician listed. | | |
| 3. Have you ever been certified as an anesthesiologist assistant by the Alabama Board of Medical Examiners in the past? | | |
| If YES, please list names of physicians in the spaces provided. | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| 13. Within the past two years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? | _____ | _____ |
| 14. 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? | _____ | _____ |
| 15. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority? | _____ | _____ |
| 16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? | _____ | _____ |
| 17. Are you currently engaged in the illegal use of controlled dangerous substances? ¹ | | |
| If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? | | |
| | YES _____ | NO _____ |
| 18. Have you been, within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving? | | |
| 19. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation? | | |

¹The 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 an assistant to a physician within the past two years.

IF ANY OF THE ANSWERS QUESTIONS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST / PSYCHOLOGIST, STATE BOARD, HOSPITAL, IF APPROPRIATE.

III. APPLICANT'S EDUCATION (since graduating from high school) : ATTACH A COPY of your diploma(s) reflecting graduation from a Anesthesiologist Assistant program.

	Date	Name of School	Address
1.	From _____ to _____	_____	_____
2.	From _____ to _____	_____	_____
3.	From _____ to _____	_____	_____

IV. APPLICANT'S ACTIVITIES since graduation from high school: (cover all time periods - attach additional sheets if needed)

	Date	Place of employment or activity	Address
1.	From _____ to _____	_____	_____
2.	From _____ to _____	_____	_____
3.	From _____ to _____	_____	_____
4.	From _____ to _____	_____	_____
5.	From _____ to _____	_____	_____

V. CERTIFICATION of LICENSURE:

List all states where you have been certified / registered / licensed or have applied for certification / registration / licensure as a Anesthesiologist Assistant. It is a requirement that each state complete one of the verification forms and return it directly to this agency where it will be attached to your application for licensure. It is your responsibility to make the written request to each state. Make copies of the form is needed.

VI. AFFIDAVIT and RELEASE:

I, _____ Certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of the assistant and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of any certification / licensure granted.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release of the Alabama Board of Medical Examiners from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Date: _____ Anesthesiologist Assistant's Signature _____

County of _____ State of _____

SWORN to and subscribed before me this _____ day of _____, 20 _____.

(SEAL)

Notary Public Signature _____

My Commission Expires: _____

ATTACH PHOTOGRAPH HERE