



APA-2  
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**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 K, Application for Reinstatement of Physician Assistant/Anesthesiologist Assistant License

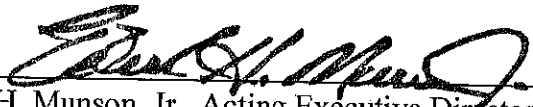
**INTENDED ACTION:** To amend the Rule Appendix.

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

**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

540-X-7, Appendix KF  
Application for Reinstatement of Physician  
Assistant/Anesthesiologist Assistant License

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

ALABAMA BOARD OF MEDICAL EXAMINERS  
P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

APPLICATION FOR REINSTATEMENT OF  
PHYSICIAN ASSISTANT/ANESTHESIOLOGIST ASSISTANT LICENSE

1. \_\_\_\_\_ NAME
2. \_\_\_\_\_ ADDRESS
3. \_\_\_\_\_ INITIAL LICENSE NUMBER  
\_\_\_\_\_ ISSUED DATE
4. \_\_\_\_\_ DATE OF REVOCATION/SUSPENSION/SURRENDER OF LICENSE:
5. \_\_\_\_\_ SOCIAL SECURITY NO. \* \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
\*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.
6. \_\_\_\_\_ REASONS FOR REVOCATION/SUSPENSION/VOLUNTARY SURRENDER OF LICENSE  
(Please give detailed reasons—if necessary you may use an additional sheet of paper and attach it to the application)

Please answer yes or no to the following questions. If any answer is "yes," provide a detailed explanation.

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 a physician/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 a physician/anesthesiologist assistant in any state or has your application for certification or for a license to practice as a physician/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. Are you currently registered, certified to or working for any other primary supervising physician/anaesthesiologist in another state? ie, are you presently working as a physician/anaesthesiologist assistant? If so, answer yes.  
**If YES, attach a list with the name and principal practice location of each primary supervising physician/anesthesiologist to whom you are certified. In addition, state your designated working hours per week for each physician/anesthesiologist**

listed.

11. Have you ever been certified as a physician/anesthesiologist assistant by the Alabama Board of Medical Examiners in the past?

**If YES, please list the names of the physicians/anesthesiologists in the spaces**

**provided:**

42. ~~Within the past two years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic?~~
43. ~~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?~~
44. ~~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?~~
45. ~~Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism, or any other sexual boundary violation?~~
46. ~~Are you currently engaged in the illegal use of controlled dangerous substances?\*~~

~~**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 \_\_\_\_\_~~

~~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).~~

~~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 assistant to physician.~~

~~Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.~~

- ~~<sup>1</sup> 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 a physician within the past two years.~~

47. ~~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?~~

48. ~~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?~~

- ~~<sup>4</sup> 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 a physician within the past two years.~~

~~**If the answer to any of these questions is YES, give provide complete detailed and/or current status of charges on separate attachment)**~~

~~I hereby authorize the release of any information, favorable or otherwise concerning me, in your files to the Alabama Board of Medical Examiners. A photostat copy of this authorization shall be as valid as the original.~~

~~Applicant's Signature~~

Please list ~~below~~ all states in which you hold or have applied for licensure:

I hereby certify that the information contained herein is true and accurate to the best of my ability.

Date

Applicant's Signature

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

Notary Public

My commission expires:

I hereby authorize the release of any information, favorable or otherwise concerning me, in your files to the Alabama Board of Medical Examiners. A photostat copy of this authorization shall be as valid as the original.

Applicant's Signature

Author: Alabama Board of Medical Examiners

Authority: Ala. Code § 34-24-303

History: Amended/Approved: November 16, 2017.

**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 I -- APPLICANT INFORMATION**

NAME:

\_\_\_\_\_  
(Print or Type) (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)”;
- \* 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)”;
- \* 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