

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-20, Appendix A, Application: Limited Purpose Schedule II Permit (LPSP)

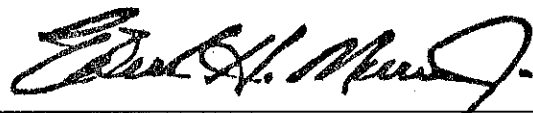
INTENDED ACTION: To repeal and replace the Appendix

SUBSTANCE OF PROPOSED ACTION: To modify the application form for online completion and elicit additional information to assist in determining the eligibility of the applicant

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: E. Wilson Hunter, Office of General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, 848 Washington Avenue (36104), 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 April 4, 2018. Persons wishing to obtain copies of the text of this rule should contact E. Wilson Hunter, Office of General Counsel, (334-242-4116), PO Box 946, 848 Washington Avenue (36104), Montgomery, Alabama 36101-0946. Copies of the proposed rules may also be downloaded from the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: April 4, 2018

CONTACT PERSON AT AGENCY: Carla H. Kruger, Office of General Counsel, 334-242-4116; PO Box 946, Montgomery, AL 36101-0946; 848 Washington Avenue, Montgomery, AL 36104



Edward H. Munson, Jr., Acting Executive Director

540-X-20, Appendix A
Application for Limited Purpose Schedule II Permit (LPSP)

NEW

Application: Limited Purpose Schedule II Permit (LPSP)
For Certified Registered Nurse Practitioners/Certified Nurse Midwives and Physician Assistants
Fee: \$25.00

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

CRNP/ CNM/ PA Name

License number

Permanent address

Phone number

Email address

CP# (CRNP/ CNM only)

QACSC#

DEA# and expiration date

Certification Specialty (choose one) (CRNP/CNM only)

In what type of clinical specialty practice will this LPSP be utilized? (choose one)

This LPSP will be used with collaborating/supervising physician [name]

Medical license number

Physician specialty

If physician specialty is different from the mid-level, what is the reason? (choose one):

I practice at a remote site in a different type of clinical setting than my collaborating/supervising physician. Please provide details in the word box.

I practice at a remote site but in the same type of clinical setting as my collaborating/ supervising physician. Please provide details in word box.

I practice at the same site as my physician, and we see the same type of patients. We are both certified in different specialties, but we are practicing within our scope of practice. Please provide details in word box.

There is another reason why our specialties differ. Please provide details:

I swear (affirm) that the information set forth in this application for the Limited Purpose Schedule II Permit (LPSP) is true and correct to the best of our knowledge, information, and belief. I am familiar with the current rules regarding CRNPs/CNMs/ PAs and their ability to prescribe Schedule II controlled substances with a Qualified Alabama Controlled Substance Certificate (QACSC). I am familiar with the Board rules/protocols governing a LPSP.

Physician Signature

CRNP/CNM/PA Signature

Author: Alabama Board of Medical Examiners
Statutory Authority: Ala. Code § 20-2-259
History: Amended/Approved: Jan. 17, 2018.

Application

REPEAL

WARNING: Board Rules state that an LPSP may be suspended or revoked by the Board upon a finding that an individual has furnished false or fraudulent material information in this application.

LIMITED PURPOSE SCHEDULE II PERMIT (LPSP)
FOR CERTIFIED REGISTERED NURSE PRACTITIONERS;
CERTIFIED NURSE MIDWIVES AND PHYSICIAN ASSISTANTS

Return Completed Application To:
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
Mailing Address: Physical Address:
P.O. Box 946 848 Washington Ave
Montgomery, AL 36101 Montgomery, AL 36104

Part A:

Name in full: First Middle Last

Permanent address: Street City State Zip

Phone number: Cell Number (Optional):

Email address:

Part B:

CHOOSE ONE (CRNP/CNM or P.A.):

CRNP/CNM - I swear (affirm) I have a current, unrestricted:

A. RN License # Collaborative Practice Agreement CP #

B. QACSC # DEA # Expires

OR

P. A. - I swear (affirm) I have a current, unrestricted:

A. PA License # Registration Agreement RA #

B. QACSC # DEA # Expires

Part C:

This LPSP will be used with Collaborating/Supervising Physician:

Collaborating/Supervising Physician's Medical Specialty:

Part D:

We swear (affirm) that the information set forth in this application for the Limited Purpose Schedule II Permit is true and correct to the best of our knowledge, information and belief.

Physician Signature

Date

Mid-Level Practitioner Signature and Title

Date

THE FEE FOR THIS APPLICATION IS \$25.00