

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners

Rule No. 540-X-3, Appendix G

Rule Title: Limited Certificate of Qualification Renewal Application

New  Amend  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 Reference Service.

Signature of certifying officer *Arvin W. Green*

Date: June 22, 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-3, Certificate of Qualification, Appendix G, Limited Certificate of Qualification Renewal Application

**INTENDED ACTION:** To repeal and replace the appendix.

**SUBSTANCE OF PROPOSED ACTION:** To repeal modify the appendix questions that concern impairment and participation in the Alabama Physician Health Program

**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 Friday, August 4, 2017. 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. A copy of the proposed amended rule is also available at the Board's web site, [www.albme.org](http://www.albme.org).

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** August 4, 2017

**CONTACT PERSON AT AGENCY:** Patricia E. Shaner

  
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Norris W. Green, Executive Director

ALABAMA BOARD OF MEDICAL EXAMINERS
Limited Certificate of Qualification Renewal Application

Section 34-24-75, Code of Alabama 1975, as amended, required that all physicians holding limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to the Medical Licensure Commission renewing the actual license. In accordance with this section you are required to accurately complete this application. Once the application has been completed please return it to the institution so that we may obtain the certification of either the Dean, Program Director or Chief Medical Officer. Please attached the \$15 renewal fee made payable to the Board of Medical Examiners.

\*\*\*\*\*

Name in Full \_\_\_\_\_

Name of Institution \_\_\_\_\_

License Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Social Security # \_\_\_\_\_

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.

Position Held: \_\_\_\_\_ Number of Years: \_\_\_\_\_

- 1. Do you limit your practice to the confines of the institution? YES NO
If the answer is no, please explain.
2. Do you plan to obtain a full license in Alabama? YES NO
If the answer is no, please explain.
3. Have you ever been arrested for a violation of any Federal, State or Local statute? YES NO
If the answer is yes, please explain.
4. Have you ever been directed to appear before any medical examining board, hospital staff, professional society or institution for disciplinary action? YES NO
If the answer is yes, please explain.
5. Within the past two years, have you been diagnosed with or have you been treated bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? YES NO
6. 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? YES NO
7. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of 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? YES NO
8. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or any sexual boundary violation? YES NO
9. Are you currently engaged in the illegal use of controlled dangerous substances? YES NO
10. If you 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
11. Have you been, within the past five (5) 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? YES NO
12. 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? YES NO

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 past two years.

**IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST / PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.**

\*\*\*\*\*

I hereby certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

I hereby swear that the information contained in this renewal application is true to the best of my knowledge.

\_\_\_\_\_  
Dean, Program Director, Chief Medical Officer

REPLACE

**ALABAMA BOARD OF MEDICAL EXAMINERS  
Limited Certificate of Qualification Renewal Application**

Section 34-24-75, Code of Alabama 1975, as amended, required that all physicians holding limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to the Medical Licensure Commission renewing the actual license. In accordance with this section you are required to accurately complete this application. Once the application has been completed please return it to the institution so that we may obtain the certification of either the Dean, Program Director or Chief Medical Officer. Please attached the \$15 renewal fee made payable to the Board of Medical Examiners.

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Name in Full \_\_\_\_\_

Name of Institution \_\_\_\_\_

License Number \_\_\_\_\_

Type of Limited License: (Please Check One) Resident Fellow Specialty Professor Distinguished Professor Visiting Professor  
State Institution

Number of Years in Current Program/Teaching Position/State Institution: \_\_\_\_\_

	YES	NO
1. Do you limit your practice to the confines of the institution? If the answer is no, please explain.	_____	_____
2. Do you plan to obtain a full license in Alabama? If the answer is no, please explain.	_____	_____
3. Have you in the past year been arrested for a violation of any Federal, State or Local statute? If the answer is yes, please explain.	_____	_____
4. Have you in the past year been directed to appear before any medical examining board, hospital staff, professional society or institution for disciplinary action? If the answer is yes, please explain.	_____	_____
5. Within the past year, have you been diagnosed with or have you been treated bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?	_____	_____
6. 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?	_____	_____

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 past two years.

7. Within the past year, have you ever raised the issue of consumption of drugs or Alcohol or the issue of 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?	_____	_____
8. Since you last renewed 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 "No" will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama). If the answer is yes, please include a detailed explanation.	_____	_____

9. **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 ([www.alabamaphp.weebly.com](http://www.alabamaphp.weebly.com)), 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 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.

10. Have you been, within the past year, 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? \_\_\_\_\_

11. 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 or maternity leave? \_\_\_\_\_

**IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST / PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.**

\*\*\*\*\*

I hereby certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

I hereby swear that the information contained in this renewal application is true to the best of my knowledge.

\_\_\_\_\_  
Dean, Program Director, Chief Medical Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Program or State Institution

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53.1, 34-24-70

History: Repeal and replace approved June 21, 2017.