

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X- 16, Appendix A
Rule Title: Application for Certificate of Qualification for a Special Purpose License to Practice Medicine or Osteopathy

New Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

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 action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

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 *Clay J. Dorman*
Date: 6/20/18

APA-2

**ALABAMA STATE BOARD
OF MEDICAL EXAMINERS**

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X-18, Appendix A, Application for Certificate of Qualification for a Special Purpose License to Practice Medicine or Osteopathy

INTENDED ACTION: To amend the rule/appendix

SUBSTANCE OF PROPOSED ACTION: Amend for online completion

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: Carla H. Kruger, Office of the 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 Aug. 3, 2018. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Carla H. Kruger, 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: Aug. 3, 2018

CONTACT PERSON AT AGENCY: Carla H. Kruger



Amy T. Dormaney, Board Secretary

ALABAMA BOARD OF MEDICAL EXAMINERS

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

~~APPLICATION FOR CERTIFICATE OF QUALIFICATION FOR A SPECIAL PURPOSE LICENSE TO PRACTICE
MEDICINE OR OSTEOPATHY~~

Application for Certificate of Qualification for a Special Purpose License to Practice Medicine or Osteopathy

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate of qualification to practice medicine or osteopathy across state lines in the State of Alabama, and submit the following statement concerning my qualifications for a special purpose license

1. Name in Full _____

2. Principal Practice Address Street/P.O. Box _____ City _____ State _____ Zip _____

3. Place of Birth _____ Date of Birth _____ MD _____ DO _____

Social Security Number*# _____ Sex _____ Telephone (H) _____ ~~AV~~ _____

*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.

Place of Birth

Country of Birth

City of Birth

State/Providence of Birth

Gender/Sex (at birth)

Date of Birth

Contact Information

The address and contact methods provided should be how the Board or Commission can contact the license applicant directly. Please DO NOT provide contact information for office managers, assistances, or license assistant companies.

Address

Contact Methods

Email Address

Home Telephone Number

Work Telephone Number

4. List all states where you are licensed to practice medicine or osteopathy. It is required that each state complete one of the verification forms which will be attached to your application.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Answer yes or no (if any following answers are in the affirmative, please explain in detail and provide the complete name and address of any state board, hospital, psychiatrist/psychologist, etc.)

YES _____ NO _____

~~5-1.~~ Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation or disciplined in any manner?

You answered Yes, please pro

~~6-2.~~ Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine or osteopathy been withdrawn under threat of denial?

~~7-3.~~ Has a disciplinary action been initiated in any state in which you currently hold a license to practice medicine or osteopathy?

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET

DECLARATION FOR CERTIFICATE OF QUALIFICATION FOR SPECIAL PURPOSE LICENSE

In connection with my application for a certificate of qualification for a special purpose license to practice medicine or osteopathy across state lines, I understand and acknowledge that:

- a. A special purpose license only permits the holder to engage in the practice of medicine across state lines on patients located in the State of Alabama but does not authorize the holder to be physically present and engage in the general practice of medicine within the State of Alabama.
- b. It is the affirmative duty of the holder of a special purpose license to report to the Alabama Board of Medical Examiners in writing within fifteen days of the initiation of any disciplinary action against the license to practice medicine or osteopathy of the licensee by any state or territory in which the license is licensed.
- c. By accepting a special purpose license, the licensee agrees to produce patient records or materials as requested by the Board of Medical Examiners or the Medical Licensure Commission and to appear before the Board or the Commission or any of its committees following the receipt of a written notice by the Board or Commission.
- d. The issuance of a special purpose license subjects the licensee to the jurisdiction of the Alabama Board of Medical Examiners and the Medical Licensure Commission of Alabama and the respective statutes and regulations under which they operate, including all matters related to discipline.
- e. Failure to renew a special purpose license according to the renewal schedule shall result in the automatic revocation of the special purpose license . In the event of the automatic revocation of a special purpose license for failure to renew, the licensee must reapply for a new special purpose license.

AFFIDAVIT AND RELEASE

I, _____, certify after being duly sworn, that all of the information supplied in the foregoing submitted application is true and correct to the best of my knowledge. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of the license granted to me and criminal prosecution to the fullest extent of the law.

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 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.

Applicant's Signature

Date _____

County of _____

State of _____

~~Before me the undersigned authority, personally appeared _____, who is known to me and who being first duly sworn states that all of the information in the foregoing application is true and correct to the best of his/her knowledge.~~

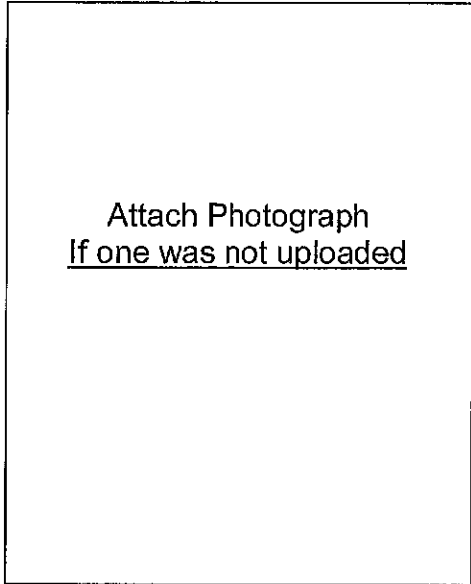
~~SWORN to and subscribed before me this _____ day of _____, 19 _____~~

Applicant's signature

Date: _____ County of _____

State of _____

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



Notary Public Signature

My Commission Expires: _____

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

The Alabama Board of Medical Examiners will enforce the Board's rules and options for the issuance of Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.

Print affidavit and release, sign in presence of Notary Public, attach color picture if not uploaded, and return original 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.

Ala. Code §§ 31-13-1, *et. seq.*, 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.

Ala. Act #2011-535, Section 30(c) and Section 29(k).

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