

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- 18, Appendix A
Rule Title: Application for Qualified Controlled Substances Registration Certificate for Certified Registered Nurse Practitioners and Certified Nurse Midwives

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 Arif J. Dornaney
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 Qualified Controlled Substances Registration Certificate for CRNPs and CNMs

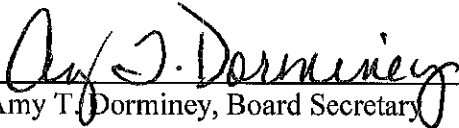
INTENDED ACTION: To amend the rule/appendix

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. Dorminey, Board Secretary

ALABAMA BOARD OF MEDICAL EXAMINERS

P. O. Box 946 – Montgomery, Alabama 36101 • 848 Washington Avenue – 36104

INITIAL Application for Qualified Controlled Substances Registration Certificate For Certified Registered Nurse Practitioners and Certified Nurse Midwives

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

The cost for the initial QACSC received is \$110.00; each additional QACSC is \$60.00

The annual renewal fee for each QACSC is \$60.00

Collaborating Physician Name

Collaborating Physician Specialty

Collaborating Physician Alabama Medical License number

CP Number

~~CRNP/ CNM full name: first, middle, and last~~

~~SS#~~

~~AL-RN CRNP/CNM License number/ Expiration Date~~

~~CRNP/ CNM Certification Type/ Date / Expiration Date~~

~~CRNP/ CNM home address/ Home County/ home phone number/ cell phone number/ email address~~

~~CRNP/ CNM Primary practice address/ Practice County/ practice phone number/ practice email address~~

~~Which address do they designate as mailing? Which address do they designate as public?~~

~~Collaborating Physician Phone Number and email~~

All applicants must answer the following questions. (If the answer to question ~~1, 2, 3, 4, 6 or 7~~ A, B, C, D, E or F is yes, please provide a detailed explanation.)

- ~~1. A.~~ A. Has your privilege for dispensing, accessing, or prescribing controlled substances ever been suspended, restricted, revoked, voluntarily surrendered while under investigation, or disciplined in any manner in any state?
- ~~2. B.~~ B. Have you ever been convicted of any state or federal crime relating to any controlled substance?
- ~~3. C.~~ C. Has ~~any previous or current~~ your Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation or revoked?
- ~~4. D.~~ D. Has your employment as a CRNP/CNM ever been suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances?
- ~~5. Have you successfully completed the continuing medical education required by Board rules? (This must include documentation of successful completion of twelve (12) hours of Category I credits including "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls", a Board-approved course that includes advanced pharmacology and prescribing trends relating to controlled substances. This course must have been completed in the preceding 12 months for initial QACSC applicants.)~~

~~I hereby certify that I have completed the following courses within the last 12 months:~~

~~Name of course:~~

~~Date:~~

AMA PRA Category 1 hours obtained:
Upload documentation

Name of course:
Date:

AMA PRA Category 1 hours obtained:
Upload documentation

Name of course:
Date:

AMA PRA Category 1 hours obtained:
Upload documentation

E. 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 a voluntary health monitoring 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)

*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 CRNP/CNM within the last two years.

IMPORTANT: The Board recognizes that registrants 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 registrants to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program (334-293-5200) an advocacy organization dedicated to improving the health and wellness of nursing professionals in a confidential manner. The failure to adequately address a health condition, where the registrant is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the Qualified Alabama Controlled Substances Certificate.

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

6. E. To your knowledge, has disciplinary action been taken or is pending against you with the Board of Nursing or any other licensing authority of any state, territory, or country including but not limited to the Alabama Board of Nursing?
7. 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 a voluntary health monitoring 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 registrants 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 registrants to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program (334-293-5200) an advocacy organization dedicated to improving the health and wellness of nursing professionals in a confidential manner. The failure to adequately address a health condition, where the registrant is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the Qualified Alabama Controlled Substances Certificate. _____ 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 a physician assistant within the last two years.~~

G. Have you completed a board-approved pharmacology of controlled substances course or courses? (This must include documentation of successful completion of twelve (12) hours of Category I credits including "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls", a Board-approved course that includes advanced pharmacology and prescribing trends relating to controlled substances. The (12) hour course must have been completed in the preceding 12 months for initial QACSC applicants. Starting with this 12-hour initial course, the CRNP/CNM must obtain (every two (2) years) four (4) AMA PRA Category 1 credits or equivalent through a board-approved course or courses that include advanced pharmacology and prescribing trends related to controlled substances.)

You answered no, you do not qualify for a QACSC and should not complete this application.

You answered yes, upload documentation of completion.

Name of board approved course

Date course taken

Number of Hours obtained

Upload documentation

I have not received documentation from the board approved course or courses.

NOTICE: To lawfully administer, dispense or prescribe controlled substances in the State of Alabama, federal and state statutes require a Qualified Alabama Controlled Substances Registration Certificate and a DEA certificate of registration with the State of Alabama. For further information concerning federal requirements, go to www.deadiversion.doj.gov. You will apply for your DEA once the QACSC is issued.

I understand and agree that by signing typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief.

I understand that knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary actions. Section 20-2-54, **Code of Alabama** 1975 (as amended) states that a registration may be suspended or revoked by the board upon finding that the registrant has furnished false or fraudulent material or information in any application.

Fee: \$110

Signature: