

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- 19, Appendix A
Rule Title: Application for Alabama Pain Management Registration

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 *Cliff J. Dorniney*
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- 19, Appendix A, Application for Alabama Pain Management Registration

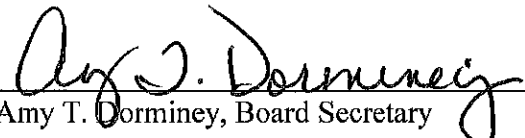
INTENDED ACTION: To amend the rule/appendix

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

Application for Alabama Pain Management Registration

****Separate registration required for each location where pain management services are provided****

Registration Fees: \$100.00 for first location; no additional charge for each additional location

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

Name:

AL License Number #:

Alabama Controlled Substances Certificate Number

Expiration Date

Address: _____
Street City State Zip

Telephone: _____ Fax: _____ Email: _____

DEA Number:

DEA Expiration Date:

DEA "X" Number (if applicable)

Expiration Date

- 1 Are you registered with PDMP? Yes No
(Attach Upload copy of PDMP registration receipt)
- 2 Have you ever had a controlled substance registration certificate denied, restricted or disciplined? Yes No
If yes, the attach a You answered yes, please provide a summary of each action including the year, state and description of each action.
- 3 Have you ever had a disciplinary action taken against your medical license in Alabama or any other state? Yes No
If yes, attach You answered yes, please provide an explanation of the action, including the year, state and description of each action.

Please provide the following information for the above location where you provide pain management services: (Attach additional pages if necessary)

Facility Name:

Facility Physical Address:

Street City State Zip

Owners, Co-Owners, Operators: _____

Is the facility owned or operated by a business entity qualifying under Ala. Code § 34-25-605(a)(2)?

You answered yes, please provide the following information

Name of business entity

List all persons or entities having an interest in the facility

Upload a copy of the articles of formation as filed with the Alabama Secretary of State.

You answered no, please provide the following information

List all Owners, Operators of the facility

Full Name of Medical Director: _____

Please identify with supporting documentation, the criteria under which the listed medical directory qualifies to serve as the medical director, which can be found at Ala. Admin. Code § 540-X-19-.05

Upload Supporting Documentation

~~Full names of~~ List all physicians providing pain management services at this location:

I swear (affirm) that the information set forth on this application for Alabama Pain Management Registration form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection of my records at any time.

I understand and agree that by 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.

Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

Signature of Physician: _____ Date: _____

Registration Fees: ~~\$100.00 for first location; no additional charge for each additional location~~