

APA-1
6/93

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners

Rule No. 540-X-19, Appendix B

Rule Title: Pain Management Registration Renewal Application

X New _____ Amend X 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 *Henry W. Green*

Date: May 18, 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-19, Appendix B, Renewal Application
INTENDED ACTION: To repeal and replace the rule appendix
SUBSTANCE OF PROPOSED ACTION: Modification of form for online renewal

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 Wednesday, July 5, 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. The rule amendment will also be available at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: July 5, 2017

CONTACT PERSON AT AGENCY: Patricia E. Shaner



Norris W. Green, Executive Director

REPEAL

ALABAMA BOARD OF MEDICAL EXAMINERS
P. O. Box 946 – Montgomery, Alabama 36101
848 Washington Avenue – 36104

Application for Renewal of Alabama Pain Management Registration

Name: _____ AL License #: _____

Address: _____

Street City State Zip

Telephone: _____ Fax: _____ Email: _____

DEA Number: _____ DEA Expiration Date: _____

1. Do you provide pain management services at a hospital? [] Yes [] No

If yes, continue to number 2 below.

If no, complete the following attestation:

I hereby attest that neither I nor the owner(s) of each of the locations where I provide pain management services has, in the past year, been convicted of or pled nolo contendere to a felony or an offense that constitutes a misdemeanor, the facts of which relate to the distribution or illegal prescribing of any controlled substance*.

Signature of Physician: _____ Date: _____

**Any applicant who has been convicted of a crime described in this paragraph may request an interview before the Board, after which the Board, in its discretion, may approve or deny the registration.*

2. Does each location at which the above licensee provides pain management services have a medical director as required by Board rule 540-X-19-.04? [] Yes [] No

I swear (affirm) that the information set forth on this application for renewal of Alabama Pain Management Registration 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.

Signature of Physician: _____ Date: _____

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

NEW

**20XX Application for Renewal of Alabama Pain Management Registration
Deadline: December 31, 20XX**

Under Alabama law, this document is a public record and if requested it will be provided in its entirety.

Licensee's Name

Primary License Number

Location Name

Location Address

1. Do you provide pain management services at a hospital? Yes No
In the past year, have either you or the owner(s) of each location where you provide pain management services been convicted of or pled nolo contendere to a felony or an offense that constitutes a misdemeanor, the facts of which relate to the distribution or illegal prescribing of any controlled substance? * Yes
No (If yes, please include a detailed explanation)

**Any applicant who has been convicted of a crime described in this paragraph may request an interview before the Board, after which the Board, in its discretion, may approve or deny the registration.*

2. Does the location listed above at which the above licensee provides pain management services have a medical director as required by Board Rule 540-X-19-.04? Yes No

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 could result in disciplinary action.