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-7, Exhibit I
Rule Title: Physician Assistant/Anesthesiologist Assistant License 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 tot he 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

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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.

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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 Tony W. Green

Date: May 18, 2017

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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-7, Appendix I, Physician Assistant/Anesthesiologist Assistant License Renewal Application

INTENDED ACTION: To repeal and replace the Rule Exhibit.

SUBSTANCE OF PROPOSED ACTION: Modification of form for online renewal; removal of question 11, addition of new question 11 and item 12, and renumber remaining questions

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.

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

CONTACT PERSON AT AGENCY: Patricia E. Shaner

Norris W. Green, Executive Director

NEW

20XX Physician Assistant / Anesthesiologist Assistant License Renewal
Deadline: December 31, 20XX

Failure to apply for license renewal and pay renewal fee will result in the license automatically being placed in an inactive status, making it illegal for the holder to practice as a Physician Assistant/Anesthesiologist Assistant effective January 1, 20XX.

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

CME Certification: (Select One)

I hereby certify that I have met or will meet by December 31 the annual minimum continuing education requirement of 25 AMA PRA Category I Credits™ or equivalent continuing medical education for the calendar year 20XX and have or will have supporting documentation if audited.

I hereby certify that I am exempt from the minimum continuing medical education requirement for the following reason (Select One)

I received my initial license to practice in Alabama in the calendar year 20XX.

I am exempt from the CME requirement for the calendar year 20XX because I am a member of a branch of the armed services and I was deployed for military service in the calendar year 20XX.

I have obtained a waiver from the Board of Medical Examiners due to illness, disability or other hardship condition which existed in the calendar year 20XX.

Professional Responsibility Certification

1. Have you been convicted of a felony within the past year? Yes No (If yes, please include a detailed explanation)
2. Have you been convicted within the past year of a crime or offense (Felony or misdemeanor) related to the practice of medicine? Yes No (If yes, please include a detailed explanation)
3. Have you been convicted within the past year of any violation of a state or federal law relating to controlled substances? Yes No (If yes, please include a detailed explanation)
4. Within the past year, has your PA/AA certificate or license in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered while under

investigation? Yes No (If yes, please include a detailed explanation)

5. Within the past year, have your privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation? Yes No (If yes, please include a detailed explanation)
6. Have you been denied a PA/AA certificate or license in any state or has your application for a certificate or license been withdrawn under threat of denial within the past year? Yes No (If yes, please include a detailed explanation)
7. Have you had within the past year a judgment rendered against you or action settled relating to the performance of your professional service? Yes No (If yes, please include a detailed explanation)
8. Within the past two years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? Yes No (If yes, please include a detailed explanation)
9. 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 (If yes, please include a detailed explanation)
10. Within the past two years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a 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 (If yes, please include a detailed explanation)
11. 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 will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama**). If you answer "yes", then a description is required.
12. **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), 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 is 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.

13. If you answer "yes", then a description is required.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?
    Yes No (If yes, please include a detailed explanation)
14. 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? Yes No (If yes, please include a detailed explanation)

*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 that the condition referred to may have an ongoing impact on one's functioning as a physician assistant/anesthesiologist assistant, or within the past two years.

Review the following Registration Agreements (RA) (If any):
Is this Registration Agreement still Active?

How many hours per week do you work under this Registration Agreement?
Please provide a date of termination
What was the reason this Registration Agreement was terminated

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.

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 – 848 Washington Avenue, Montgomery, AL 36101
Phone: (334) 242-4116 FAX: (334) 242-4155

PHYSICIAN ASSISTANT / ANESTHESIOLOGIST ASSISTANT
LICENSE RENEWAL – 20__

DEADLINE - DECEMBER 31, 20__

Renew Online: http://alrenewals.org

License# :

Registration ID:

Social Security No.:

- *Complete **BOTH** pages including signature.*
- *Remember to include appropriate documentation or response for any "yes" answers.*
- *Include a check for $100.00 payable to Alabama Board of Medical Examiners.*

		YES	NO
1.	Have you been convicted of a felony within the past year?	☐	☐
2.	Have you been convicted within the past year of a crime or offense (felony or misdemeanor) related to the practice of medicine?	☐	☐
3.	Have you been convicted within the past year of any violation of a state or federal law relating to controlled substances?	☐	☐
4.	Within the past year, has your PA/AA certificate or license in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered while under investigation?	☐	☐
5.	Within the past year, have your privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation?	☐	☐
6.	Have you been denied a PA/AA certificate or license in any state or has your application for a certificate or license been withdrawn under threat of denial within the past year?	☐	☐
7.	Are you currently certified to any other primary supervising physician(s)? *If YES, attach a list with name and principal practice location of each primary supervising physician to whom you are certified. In addition, state your designated working hours per week for each physician listed.*	☐	☐
8.	Have you had within the past year a judgment rendered against you or action	☐	☐

settled relating to the performance of your professional service?

9. Within the past two years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

☐ ☐

10. 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?

☐ ☐

11. Within the past two years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a 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?

☐ ☐

12. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?

☐ ☐

13. Are you currently engaged in the illegal use of controlled dangerous substances?[1]

☐ ☐

14. If your 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?

☐ ☐

15. 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?

☐ ☐

16. 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?

☐ ☐

[1]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 an assistant to a physician within the past two years.

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

ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST / PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

CME CERTIFICATION (Check one):

☐ I hereby certify that I have met the annual minimum continuing medical education requirement of twenty five (25) hours of AMA PRA Category 1 Credits™ or equivalent continuing medical education for the calendar year 20__ and have supporting documentation if audited.

☐ I hereby certify that I am exempt from the minimum continuing medical education requirement for the following reason (check one):

- ☐ I received my initial license to practice in Alabama in the calendar year 20__.
- ☐ I am a member of a branch of the U. S. armed services and was deployed for military service in the calendar year 20__.
- ☐ I have obtained a waiver from the Board of Medical Examiners due to illness, disability or other hardship condition which existed in the calendar year 20__.

I certify the foregoing information to be correct to the best of my knowledge, information and belief, and attest that I have reviewed and am abiding by the Rules and Regulations which were effective on this date.

Signature: *Date:*

FAILURE TO APPLY FOR LICENSE RENEWAL AND PAY RENEWAL FEE WILL RESULT IN THE LICENSE AUTOMATICALLY BEING PLACED IN AN INACTIVE STATUS MAKING IT ILLEGAL FOR THE HOLDER TO PRACTICE AS A PHYSICIAN ASSISTANT EFFECTIVE JANUARY 1, 20__.