

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-4, Appendix C, Dispensing Physician's Registration Form

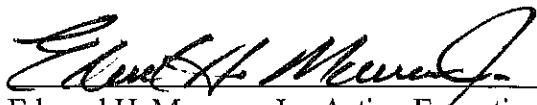
INTENDED ACTION: To propose a new Appendix C

SUBSTANCE OF PROPOSED ACTION: Adding Dispensing Physician's Registration Form as an Appendix to the Chapter

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 December 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. Copies may also be obtained at the Board's web site: www.albme.org.

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

CONTACT PERSON AT AGENCY: Patricia E. Shaner, Esq.


Edward H. Munson, Jr., Acting Executive Director



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE
(334) 242-4116

Dispensing Physician's Registration Form

Physician Name: _____ LIC. # _____

Primary practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration date _____

Additional practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration Date _____

Additional practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration Date _____

Additional practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration Date _____

Additional practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration Date _____

Completed this _____ day of _____, 20_____.

I hereby certify the foregoing information to be correct to the best of my knowledge, information and belief.

Physician/Osteopath Signature

NOTE: The rules of the Board of Medical Examiners require that a new registration form be filed when there is any change in the registrants' principal or additional practice locations.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, § 20-2-50

History: Amended/Approved for Publication: October 18, 2017.