

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control 545 Department or Agency Alabama Medical Licensure Commission

Rule No. Chapter 2- Appendix E

Rule Title: Retired Senior Volunteer Program Medical License Renewal Application

New  Amend  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 James E. West, MD

Date: Sept 12, 2017

APA-2  
6/93

ALABAMA MEDICAL LICENSURE COMMISSION

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. & TITLE: Chapter 2- Appendix E, Retired Senior Volunteer Program  
Medical License Renewal Application

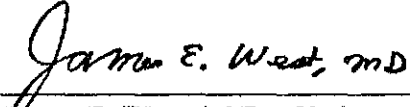
INTENDED ACTION: To repeal & replace previous Chapter 2- Appendix E

SUBSTANCE OF PROPOSED ACTION: To replace renewal application questions prior to the 2017 renewal period in order to protect personal and confidential licensee information.

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: Karen H. Silas, Executive Assistant, Alabama Medical Licensure Commission, Post Office Box 887, Montgomery, Alabama 36101-0887, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including Friday, November 3, 2017. Persons wishing to obtain copies of the text of this rule and submit data, views or comments or arguments orally should contact Karen H. Silas, by telephone (334/242-4153) 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: November 3, 2017

CONTACT PERSON AT AGENCY: Karen H. Silas

  
\_\_\_\_\_  
James E. West, M.D., Chairman

## CHAPTER 2--APPENDIX E "NEW RULE"

### Appendix E/Ch. 2

## 20XX Retired Senior Volunteer Program Medical License Renewal Application

**Deadline: December 31, 20XX**

Failure to renew this license by December 31 will result in license becoming inactive without further notice under the restrictions of the Retired Senior Volunteer Program.

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

#### CME Certification:

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.

#### Professional Responsibility Certification

#### **SINCE YOUR LAST RENEWAL:**

1. Have you been "charged" with "any" criminal offense (felony or misdemeanor) (This includes driving under the influence (DUI), even if you were convicted of a lesser offense)? Yes                      No    (If yes, please include a detailed explanation)
2. Has your certificate of qualification or license to practice medicine or osteopathy in any state been suspended, revoked, restricted,

curtailed, voluntarily surrendered, or disciplined in any manner? Yes  
No (If yes, please include a detailed explanation)

3. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, restricted or voluntarily surrendered? Yes No (If yes, please include a detailed explanation)

4. Have you been denied a certificate of qualification or a license to practice medicine or osteopathy in any state or has your application for a certificate of qualification or license to practice medicine or osteopathy been withdrawn under threat of denial? Yes  
No (If yes, please include a detailed explanation)

5. Have you had 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)

6. Are you the subject of an investigation, or has a formal complaint been filed against you or your license by any licensing board or state, federal, regulatory or law enforcement agency? Yes  
No (If yes, please include a detailed explanation)

7. 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 or sexual boundary issues? (If you are a 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 the Medical Licensure Commission of Alabama). Yes No

If you answer "yes", then a description is required.

8. **Important:** *The Commission 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 Commission 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](http://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 Commission 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.***

9. 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)

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.

**Author:** Alabama Medical Licensure Commission

**Statutory Authority:** Code of Alabama 1975

**History:**Approved June 23, 2004. Filed as Emergency Rule July 1, 2004

**Approved for publication** June 23, 2004; Filed July 1, 2004

**Adopted** September 22, 2004; **Effective** November 1, 2004

**Repeal and Replace:** Approved for Publication November 17, 2005;

**Filed:** November 28, 2005

**Approved for Adoption:** February 22, 2006;

**Filed:** February 27, 2006;

**Effective Date:** April 3, 2006.

**Amended:** Approved for Publication January 27, 2010.

**Filed:** February 4, 2010; Final Approval April 28, 2010; Filed May 5, 2010;  
Effective Date June 9, 2010

**Adopted** as Emergency Rule September 26, 2012; Filed/Effective October 3, 2012

**Amended:** Approved for Publication September 26, 2012; Filed October 18, 2012

**Adopted:** December 19, 2012; Filed January 15, 2013; Effective February 20, 2013

**Amended & Adopted:** ER August 27, 2014; Filed ER September 3, 2014

**Amended & Approved for Publication:** August 27, 2014; Filed w/LR September 4, 2014.  
Adopted November 20, 2014; Final File LR November 26, 2014; Effective January 1, 2015

**Amended:** Approved for Publication August 31, 2015; Filed September 10, 2015;  
Final Adoption November 19, 2015; Filed December 1, 2015; Effective January 15, 2016.

**Amended:** ER Adopted August 23, 2017; ER Filed September 12, 2017.

**Repeal and Replace:** Approved for Publication August 23, 2017; Filed September 12, 2017.

**CHAPTER 2--APPENDIX E "REPEALED"**

**Appendix E/Ch. 2**

**Retired Senior Volunteer Program: Application for Renewal of License to Practice  
Medicine or Osteopathy**

20XX Retired Senior Volunteer Program License Renewal Application

Deadline is December 31, 20\_\_  
Renew online @

Alabama Medical Licensure Commission

Post Office Box 887

Montgomery, Alabama 36101-0887

334/242 -4153

**NO FEE REQUIRED TO RENEW THIS LICENSE**

Complete all pages including signature

Correct or supply all information

Incomplete applications will be returned

Failure to Renew this License will Result in License Becoming Inactive Without Further Notice  
Under the Restrictions of the Retired Senior Volunteer Program

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

Physical Home Address (No PO Box)

ADDRESS LINE 1

ADDRESS LINE 2

CITY, STATE, ZIP

County:

Home Telephone:

Home Email

Physical Practice/Work Address: (No PO Box)

Mailing Address: (For Official Correspondence Only)

Address Line 1

Address Line 1

Address Line 2

Address Line 2

City, State, Zip

City, State, Zip

County:

Practice/Work Phone:

Work Email

**Please choose which address you would like to be your PUBLIC Address. The public address will be the address given out if an address is requested.**

Home Address

Mailing Address

Practice/Work Address

**CME Certification:**

(a)  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 20\_\_ and have supporting documentation if audited.

**Professional Responsibility Certification**

YES NO

1. Have you been charged with a criminal offense (felony or misdemeanor) within the past year?  
 YES  NO
2. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered while under investigation, or threat of suspension or revocation within the past year?  
 YES  NO
3. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice or voluntarily surrendered within the past year?  
 YES  NO
4. Have you been denied a certificate of qualification or license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial within the past year?  
 YES  NO
5. Have you had a judgment rendered against you, or action settled relating to the performance of your professional service within the past year?  
 YES  NO



6. To your knowledge, are you the subject of an investigation, or has a formal complaint against your license been filed by any licensing Board/Agency as of the date of this application within the past year?

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

8. 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 or, within the past year, have you applied for and/or have you received any payment or other compensation for any mental or physical condition?

*(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, or within the past two years.)*

9. Within the past year, have you 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?

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism or for any sexual boundary violation?

11. Have you engaged in the unauthorized use of controlled substances within the past twelve months?

12. Are you currently participating in the Alabama Physician's Health Program or any supervised rehabilitation program which monitors you in order to assure that you are not engaging in the unauthorized use of controlled substances or alcohol?

13. 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?

14. Within the past year 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?

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE INCLUDE A DETAILED EXPLANATION WITH YOUR APPLICATION

I certify that all information on this form is correct.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

- Complete all pages, including signature.
- Correct or supply all information.
- Incomplete application will be returned

Return Application To:

Medical Licensure Commission

P.O. Box 887

Montgomery, AL 36101-0887

**Author:** Alabama Medical Licensure Commission

**Statutory Authority:** Code of Alabama 1975

**History:** **Approved** June 23, 2004. **Filed as Emergency Rule** July 1, 2004

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**Repealed:** Approved August 23, 2017; Filed September 12, 2017.