

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 545 Department or Agency Alabama Medical Licensure Commission
Rule No. 545-X-6 Appendix B
Rule Title: Special Purpose 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 Jama 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: 545-X-6- Appendix B Special Purpose License Renewal Application

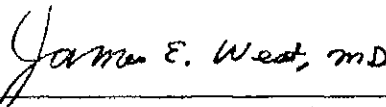
INTENDED ACTION: To repeal & replace previous SP License Renewal Application

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, 2017

CONTACT PERSON AT AGENCY: Karen H. Silas



James E. West, M.D., Chairman

20XX Special Purpose License Renewal Application
Deadline is December 31, 20 Renew online @
Mailing Address: (For Official Correspondence Only)

Alabama
Medical Licensure Commission
P.O. Box 887
Montgomery, Alabama 36101-0887
334-242-4153

Renewal Fee: \$300



FAILURE TO RENEW THIS LICENSE BY DECEMBER 31 WILL RESULT IN LICENSE BECOMING INACTIVE WITHOUT FURTHER NOTICE

License: SP .

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)

City, State, Zip:

County:

Home Telephone: ()
Home Email

Specialty: Primary:
Secondary:

Board Certified: Yes [] No []
Board Certified: Yes [] No []

Are you licensed in another state: Yes [] No [] Please list: [] [] []

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

PRACTICE INFORMATION

Physical Practice/Work Address (No Po Box)

City, State, Zip:

County:

Practice/Work Telephone: ()

Practice/Work Email

PROFESSIONAL RESPONSIBILITY CERTIFICATION

Yes No

1. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation or disciplined in any manner? [] []

2. Have you ever been denied a certificate of qualification or a license to practice medicine 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? [] []

3. Has a disciplinary action been initiated in any state in which you currently hold a license to practice medicine or osteopathy? [] []

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

•Make Sure to Sign and Date Application

•Correct or Supply All Information

•Incomplete Application will be returned

•Return with \$300 renewal fee to: **Medical Licensure Commission**
P.O. Box 887
Montgomery, Alabama 36101-0887

Author: Alabama Medical Licensure Commission

Statutory Authority: Code of Alabama 1975: §34-24-337

Amended: September 26, 2012; Filed as Emergency Rule October 3, 2012

545-X-6, Appendix B - Application for Renewal of a Special Purpose License "REPEALED"

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

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

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

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

545-X-6, Appendix B "NEW RULE"

20XX Special Purpose License Renewal Application

Deadline: December 31, 20XX

Failure to renew this license by January 31 will result in license becoming inactive without further notice.

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

Professional Responsibility Certification

SINCE YOUR LAST RENEWAL:

1. 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)

2. 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)

3. 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)

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: §34-24-337

Amended: September 26, 2012; Filed as Emergency Rule October 3, 2012

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Amended: ER Approved August 23, 2017- ER Filed September 12, 2017.

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