

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 545 Department or Agency: Alabama Medical Licensure Commission
Rule No. 545-X-2 Appendix A
Rule Title: Application For License To Practice Medicine/Osteopathy
 New X 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 action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

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 Services Agency.

James A. Wallbaum, N.D.

Signature of certifying officer _____

Date September 6, 2018

APA-2

ALABAMA MEDICAL LICENSURE COMMISSION

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. & TITLE: 545-X-2 Appendix A Application For License TO Practice Medicine/Osteopathy

INTENDED ACTION: To amend 545-X-2 preparing application for online access and submission.

SUBSTANCE OF PROPOSED ACTION: Removing unnecessary and redundant language and questions from application.

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, email or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including **Friday, November 2, 2018**. 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) or email at ksilas@almlc.org 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 2, 2018**

CONTACT PERSON AT AGENCY: Karen H. Silas

James H. Walburn, M.D.

James H. Walburn, M.D., Chairman

Alabama Medical Licensure Commission

APA-3

545-X-2 APPENDIX A
Appendix A, Chpt 2.

STATE OF ALABAMA
MEDICAL LICENSURE COMMISSION
POST OFFICE BOX 887
MONTGOMERY, ALABAMA 36101-0887

JAMES H. WALBURN, M.D.
CHAIRMAN/EXECUTIVE OFFICER

KAREN SILAS
EXECUTIVE ASSISTANT

TELEPHONE
(334) 242-4153

APPLICATION FOR LICENSE TO PRACTICE MEDICINE/OSTEOPATHY

NAME IN FULL: _____
(Last Name) (First Name) (Middle Name)

SS# _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: (_____) _____

TYPE OF PRACTICE: _____

ALABAMA-PRACTICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: (_____) _____

EMAIL ADDRESS: _____

DATE: _____ SIGNATURE: _____

Please specify the following:

Specify One: MD/DO License

Public Address: Home Address Practice Address
Mailing Address: Home Address Practice Address

PLEASE ATTACH LICENSE FEE OF \$75.00
MAKE CHECK PAYABLE TO MEDICAL LICENSURE COMMISSION OF ALABAMA
OR PAY ONLINE AT albme.org

Rule 540-X-3-.243, effective August 30, 1999 states that "a certificate of qualification issued by the Board shall be withdrawn by the Board after a period of six (6) months from the date of issuance unless the applicant has filed an application for a license to practice medicine with the Medical Licensure Commission of Alabama and paid the required fee.

Please notify the Commission within 15 days of a change of address

For Office Use Only:

Board Agenda - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec