APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 545 Department or Agency: Alabama Medical Licensure Commission
Rule No. 545-X-2 Appendix C
Rule Title: Application For Reinstatement
_____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

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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.

****

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.

Signature of certifying officer James H Wallace, MD
Date September 6, 2018

(DATE FILED)
(STAMP)

APA-2

ALABAMA MEDICAL LICENSURE COMMISSION

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. & TITLE: 545-X-2 Appendix C Application For Reinstatement

INTENDED ACTION: To amend 545-X-2 Appendix C 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
Revised 1/2018

ALABAMA MEDICAL LICENSURE COMMISSION

545-X-2 APPENDIX C

APPLICATION FOR REINSTATEMENT

LICENSE NUMBER (if known) _____

~~DATE ISSUED~~: _____

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

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: (_____) _____

TYPE OF PRACTICE: _____

~~ALABAMA~~ PRACTICE ADDRESS: _____

_____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS _____

~~DATE:~~ _____ ~~SIGNATURE:~~ _____

Please specify the following:

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

~~PLEASE ATTACH~~ REINSTATEMENT ~~FEE~~ & ~~OF $~~ _____

~~PLEASE ATTACH~~ CRIMINAL BACKGROUND CHECK FEE ~~OF $~~ _____

MAKE ~~SEPARATE~~ CHECKS PAYABLE TO: MEDICAL LICENSURE COMMISSION OF ALABAMA OR PAY ONLINE AT albme.org

ALABAMA MEDICAL LICENSURE COMMISSION

** ALL ACTIVE LICENSES EXPIRE DECEMBER 31 OF EACH YEAR**

~~APPLICATION FOR REINSTATEMENT OF LICENSE~~

~~To The Medical Licensure Commission of the State of Alabama~~

~~I hereby make application for reinstatement of my license to practice medicine/osteopathy in the State of Alabama, Certificate Number _____, which automatically became inactive on the 1st day of February 20___, for nonpayment of the annual registration fee as provided in §§ 34-24-337, Code of Alabama, 1975. The following information is submitted in connection with this application for reinstatement.~~

~~Date: _____ DEA #: _____ License #: _____~~

~~Name: _____~~

Date of Birth: _____ Social Security Number: _____

~~Professional Address:~~

_____

_____

_____

~~Telephone: ( ) _____~~

~~Other States or Jurisdictions in which you are currently licensed:~~

_____

CURRENT PRACTICE

Specialty: _____

Board Certified: _____ Yes _____ No

Name of Board (if yes above): _____

Date of Certification and/or Re-certification (if yes above): _____

~~Practice Pattern:~~

~~Percentage of Professional Time/Office: _____~~

~~Percentage of Professional Time/Clinic: _____~~

~~Percentage of Professional Time/Hospital: _____~~

~~Percentage of Professional Time/Other: _____~~

~~CURRENT PROFESSIONAL CONNECTIONS~~

~~Specialty Society Member: _____ Yes _____ No~~

~~Name of Specialty Society (if yes above): _____~~

~~Name/Location of Hospital(s): _____~~

~~Hospital Staff Status (active, etc.): _____~~

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~~Hospital Privileges (specify):~~ _____

*CERTIFICATION OF CME COMPLIANCE

_____ I hereby certify that I have met the annual minimum continuing medical education requirement of twenty-five 25 AMA PRA Category 1 Credits™ or equivalent continuing medical education within the preceding twelve (12) months.

* YOU MUST SUBMIT PROOF (COPIES) WITH THIS APPLICATION ~~OF HAVING OBTAINED TWENTY-FIVE (25) HOURS CREDITS OF CONTINUING MEDICAL EDUCATION WITHIN THE PRECEDING (12) TWELVE MONTH PERIOD~~

~~Names/Results of Practice Related Examinations taken in the past year:~~ _____

~~Other (specify for the past year):~~ _____

SINCE YOUR LICENSE WAS LAST ACTIVE IN ALABAMA (Unless otherwise indicated):

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

2. Have you ~~ever~~ been convicted of a crime or offense (felony or misdemeanor) in the practice of medicine?

_____ Yes _____ No

3. Have you ~~ever~~ been convicted of any violation of a state or federal law relating to controlled substances?

_____ Yes _____ No

4. Have you ~~ever~~ been denied a state or federal controlled substances certificate? _____ Yes _____ No

5. 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?

_____ Yes _____ No

6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, restricted, or voluntarily surrendered ~~or placed under conditions restricting your practice~~? _____ Yes _____ No

7. Have you 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 been withdrawn under threat of denial? _____ Yes _____ No

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8. Have you ~~ever~~ had a judgment rendered against you, or an actions settled relating to the performance of your professional service? _____ Yes _____ No

9. ~~To your knowledge,~~ are you the subject of an investigation, or has a formal complaint against your license been filed by any licensing board, state, federal, regulatory or law enforcement agency ~~as of the date of this application since you were last licensed in this state~~?
_____ Yes _____ No

10. 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

11. 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 two (2) years have you applied for and/or have you received any payment or other compensation for any mental or physical condition? _____ Yes _____ No

12. Within the past five 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

13. Have you ~~ever~~ been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? _____ Yes _____ No

14. Are you currently engaged in the illegal use of controlled dangerous substances? _____ Yes
_____ No

15. 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?
_____ Yes _____ No

~~16. Have you been, within the past five (5) years, 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~~

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176. 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

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 a physician, or within the past two years.

If you have answered yes to any of the foregoing questions, please provide a complete ~~information~~ explanation.

(Staff Note: Update release)

RELEASE/CERTIFICATION

I certify that the above information is currently accurate and truly reflects my professional activities on this date. ~~I hereby release this information for internal use to those state authorities responsible for medical licensure and/or discipline.~~

I understand that the information contained herein may be subject to public inspection or disclosure, and I hereby release the Alabama Medical Licensure Commission and the Alabama Board of Medical Examiners from any and all claims or liability associated with the use or dissemination of the information contained herein.

_____

Signature

SWORN to and subscribed before me this ___ day of _____, 20___.

_____

Notary Public

My Commission Expires: _____

Author: Alabama Medical Licensure Commission
Statutory Authority: Code of Alabama 1975
History: New Forms: Filed November 25, 2003; effective December 30, 2003.
Amended: Approved for Publication January 28, 2004.
Filed: January 30, 2004
Approved for Adoption: April 21, 2004; **Effective Date:** May 28, 2004

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Amended: 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:** August 22, 2007; Emergency Rule Effective September 4, 2007. **Approved:** November 28, 2007; Effective January 4, 2008. **Amended/Approved**: July 23, 2008; Emergency Rule Effective October 1, 2008: **Approved for Adoption**: October 22, 2008; Filed October 29, 2008, Effective Date: December 3, 2008.
Approved for Adoption: January 27, 2010; **Filed:** January 5, 2011
Final File: April 5, 2011; Effective May 11, 2011. **Amended: Effective:**