

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 545 Department or Agency: Alabama Medical Licensure Commission
Rule No. 545-X-2 Appendix D
Rule Title: Retired Senior Volunteer Program Application For Restricted 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. Walburn, MD

Signature of certifying officer _____
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 D Retired Senior Volunteer Program
Application For Restricted License To Practice Medicine/Osteopathy

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

SUBSTANCE OF PROPOSED ACTION: Removing unnecessary language 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

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

JAMES E. WEST, M.D.
CHAIRMAN/EXECUTIVE OFFICER

KAREN H. SILAS
EXECUTIVE ASSISTANT

TELEPHONE
(334) 242-4153

RETIRED SENIOR VOLUNTEER PROGRAM
APPLICATION FOR RESTRICTED LIMITED LICENSE TO PRACTICE
MEDICINE/OSTEOPATHY

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

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: (_____) _____

TYPE OF PRACTICE: _____

PRACTICE ADDRESS: _____
Name of free medical clinic or non-profit facility

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: (_____) _____

DATE: _____ SIGNATURE: _____

Please specify the following:

Mailing Address: Home Practice

NO FEE REQUIRED

For Office Use Only:

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

Author:

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

Amended: Effective: