

Qualified Alabama Controlled Substances Registration Certificate (QACSC) for CRNP/CNM

To obtain a Qualified Alabama Controlled Substances Certificate (QACSC), a Certified Registered Nurse Practitioner/Certified Nurse Midwife (CRNP/CNM) must have completed 12 months of active, clinical employment in a Collaborative Agreement in the State of Alabama which has been given Final Approval.

AN APPLICATION FOR THE QUALIFIED ALABAMA CONTROLLED SUBSTANCE CERTIFICATE SHOULD INCLUDE:

- _____ (1) Application form (**Note:** a separate QACSC is required for each Collaborative Agreement and is exclusive to that Collaborative Agreement).

- _____ (3) Notarized Affidavit of a minimum of 12 months of active, clinical employment in the State of Alabama.

- _____ (4) Approved QACSC Formulary including a plan for review of prescribing by the physician (**Note:** a separate formulary page is required for each QACSC application).

- _____ (5) QACSC covering physician agreement (**Note:** Covering physicians being added for the QACSC must first be added to each Collaborative Agreement. Only physicians who have signed a covering agreement will be able to provide medical oversight of the prescribing under this QACSC).

- _____ (6) Documentation of successful completion of twelve (12) hours of Category 1 credits including *"Prescribing Controlled Drugs: Critical Issues and Common Pitfalls"*, a Board approved course that includes advanced pharmacology and prescribing trends relating to controlled substances.

Note: Termination of a Collaborative Agreement automatically terminates any QACSC which is under that Collaborative Agreement.

**Applicants should thoroughly review Board Rules, Chapter 540-X-18, for the Qualified Alabama Controlled Substances Certificate (QACSC) for CRNP/CNM, which may be accessed at www.albme.org/Documents/Rules/540-X-18.pdf

QACSC License Renewal is an Annual Requirement

QACSC renewal applications are mailed early in the month of October each year to the CRNP/CNM's mailing address of record. It is the CRNP/CNM's responsibility to provide the Board a current address. QACSCs licenses that are not renewed are **automatically** placed in inactive status on January 1 of each year. Without a current and active Collaborative Practice, a QACSC is not valid.

A four (4) hour Board approved pharmacology course is required for renewal every two (2) years.



ALABAMA BOARD OF MEDICAL EXAMINERS

Proof of Clinical Employment
§20-2-252(3)

AFFIDAVIT

I, _____ hereby certify that I have received a minimum of 12 months of active, clinical practice pursuant to one or more collaborative practice agreements approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners, excluding temporary approval practice and provisional approval practice, from the following employer(s):

Employer
City State Zip

Street Address
Phone #

Collaborating Physician

Employed From: _____ To: _____

Employer
City State Zip

Street Address
Phone #

Collaborating Physician

Employed From: _____ To: _____

Employer
City State Zip

Street Address
Phone #

Collaborating Physician

Employed From: _____ To: _____

CRNP/CNM Signature

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Notary Public
My Commission Expires: _____

ALABAMA BOARD OF MEDICAL EXAMINERS
848 WASHINGTON AVENUE
MONTGOMERY, AL 36104

DEMOGRAPHIC INFORMATION FOR
QUALIFIED ALABAMA CONTROL SUBSTANCES CERTIFICATE

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

HOME ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ TELEPHONE NUMBER: _____

PRIMARY PRACTICE ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE: _____ SIGNATURE: _____

Please specify the following:

Public Address*: Home Address Primary Practice Address

Mailing Address*: Home Address Primary Practice Address

* Public Address is the address that will be given out if someone contacts the Board.

Mailing Address is the address that the Board will use to mail all communications to the licensee.

You are required to notify the Board within 15 days of a change of address.

Change of Address Form is located: <http://www.albme.org/Documents/Forms/addchangerrequ.pdf>

**APPROVED FORMULARY for QUALIFIED ALABAMA CONTROLLED
SUBSTANCES CERTIFICATE for CERTIFIED REGISTERED NURSE
PRACTITIONER or CERTIFIED NURSE MIDWIFE
in COLLABORATION with a LICENSED PHYSICIAN**

As set forth in Ala. Code §20-2-250, et. seq., the Board of Medical Examiners of the State of Alabama may grant a Qualified Alabama Controlled Substances Registration Certificate to a Certified Registered Nurse Practitioner or a Certified Nurse Midwife who (1) is practicing in an appropriate Collaborative Practice, as defined herein and in accordance with Ala. Code §20-2-250, et. seq.; Ala. Code § 34-21-5; and all rules and regulations pertaining to physician oversight and direction between qualified physicians and qualified certified registered nurse practitioners and certified nurse midwives.

I authorize _____, CRNP / CNM pursuant to CP# _____ to prescribe and / or administer medications as indicated below. You must complete each line with Yes, No, or Restricted. If restricted, state restrictions below.

- 1. Schedule III* _____
- 2. Schedule IV* _____
- 3. Schedule V _____

4. Provide a written plan for review of the Certified Registered Nurse Practitioners or Certified Nurse Midwife’s controlled substance prescribing and patient outcomes.

Physician Signature

Date

CRNP / CNM Signature

Date

*Refer to Administrative Rules **Chapter 540 –X-17** *Guidelines and Standards for the Utilization of Controlled Substances For Weight Reduction*

To: Alabama Board of Medical Examiners

QACSC Covering Physician Agreement

As a covering (back-up) physician providing medical direction and oversight for _____, CRNP / CNM, by signing this document, I hereby affirm that:

- (1) I am familiar with the current rules regarding certified registered nurse practitioners and / or certified nurse midwives and their ability to prescribe controlled substances.
- (2) That I am familiar with the Approved Formulary for Qualified Alabama Controlled Substances Certificate concerning CP# _____ and with all protocols and medical regimens relating to a QACSC which have been adopted by the Board of Medical Examiners.
- (3) That I have a current and unrestricted Alabama Controlled Substance Certificate, # _____.
- (4) That I will be accountable for adequately providing medical direction and oversight for the prescribing of controlled substances by the certified registered nurse practitioner or certified nurse midwife.
- (5) I will assume all responsibility for the controlled substance prescribing of the certified registered nurse practitioner or certified nurse midwife during the temporary absence of the primary Collaborating physician.

Telephone number _____ Fax number _____

Relationship with primary Collaborating Physician: (check one below)

Partnership _____ Professional group _____ Medical Professional Corporation _____

Physician Practice Foundation _____ Physician sharing call _____

Medical Specialty of Collaborating Physician _____

Medical Specialty of Covering Physician _____

Print Physician Name

Lic #

Physician Signature

Date

ALABAMA BOARD OF MEDICAL EXAMINERS

Qualified Alabama Controlled Substances Certificate (QACSC) (Schedules III-V) Prescribing Protocol #001

Authority: Ala. Code § 20-2-61(c); 20-2-50, et. seq.
Approved for PA: Minutes of November 18, 2009
Revised: Minutes of March 10, 2010
Revised: Minutes of August 17, 2011
Revised: Minutes of March 21, 2012
Approved for CRNP/CNM: Minutes of Sept. 8, 2013
Revised: Minutes of April 16, 2015

1. The quantity of a controlled substance in Schedule III, IIIN (non-narcotic), IV, or V initially prescribed by a Physician Assistant (PA), Certified Registered Nurse Practitioner (CRNP) or Certified Nurse Midwife (CNM) who holds a QACSC shall be limited to a thirty (30) day supply, and a reissue must be authorized by the approved supervising, collaborating or covering physician.
2. If a prescription for a controlled substance in Schedule III, IIIN, IV, and/or V is initiated by the approved supervising, collaborating or covering physician AND the patient is well maintained on the medication, the QACSC holder may authorize no more than 30 days with two (2) reissues or ninety (90) days total.
3. The QACSC holder may have on site a more restrictive prescribing protocol which is specific to the individual practice, but it may not be more permissive than this stated protocol.
4. A QACSC holder may make a verbal order for a controlled substance in Schedules III-V under the circumstances stated in this protocol.
5. The approved supervising or collaborating physician should audit the prescribing of the QACSC holder via the Alabama Department of Public Health's Prescription Drug Monitoring Program at least once per quarter.
6. A QACSC holder is not authorized to dispense controlled substances in any Schedule. For the purposes of this protocol, "dispense" is defined as ordering a controlled substance to be dispensed or distributed from a dispensary located in the facility where the QACSC holder practices to a patient for off-premises consumption or administration.
7. The QACSC holder may sign for samples of those controlled substances in Schedules III-V approved in the QACSC holder's Formulary for office use as is normal and customary for that practice specialty.
8. The prescribing of controlled substances for the purpose of weight reduction is addressed in Administrative Rule 540-X-17.