

**Qualified Alabama Controlled Substances Registration Certificate (QACSC) for  
Physician Assistant**

To obtain a Qualified Alabama Controlled Substances Certificate (QACSC), a Physician Assistant (P.A.) must hold an active, unrestricted PA license, be registered to a qualified physician, and have completed **12 months of active, clinical employment in the State of Alabama.**

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

- \_\_\_\_(1) Application form (Note: a separate QACSC is required for each Registration Agreement).  
**Initial** application: \$110.00  
Subsequent applications: \$60.00
  
- \_\_\_\_(2) QACSC covering physician agreement (**Note:** Covering physicians being added for the QACSC **must** first be on the Registration Agreement. Only physicians who have signed the covering agreement will be able to provide medical oversight for the prescribing under this QACSC).
  
- \_\_\_\_(3) Approved QACSC Formulary (Note: a separate formulary is required for each registration)
  
- \_\_\_\_(4) Documentation of successful completion of the twelve (12) hour AMA PRA Category1 course offered by the Medical Association State of Alabama: *“Prescribing and Pharmacology of Controlled Drugs: Prescribing Issues Related to America’s Opioid Crisis”*, a Board approved course that includes advanced pharmacology and prescribing trends relating to controlled substances. Must apply within one (1) year of taking the course.

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

\*\* Applicants should thoroughly review Board Rules, Chapter 540-X-12, Qualified Alabama Controlled Substances Certificate (QACSC), which may be accessed at [www.albme.org/rules.html](http://www.albme.org/rules.html).\*\*

**QACSC License Renewal is an Annual Renewal Requirement**

QACSC renewal notifications are mailed early in the month of October each year to the physician assistant’s mailing address of record. It is the Physician Assistant’s responsibility to provide the Board a current address. QACSC’s and physician assistant’s licenses not renewed are **automatically** placed in inactive status on January 1 of each year. Without a current and active license, a QACSC is not valid.

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

**FOR AGENDA DEADLINE SCHEDULES VIST  
<http://www.albme.org/PAagendadates.html>**

**KEEP FOR YOUR RECORDS**  
**ALABAMA BOARD OF MEDICAL EXAMINERS**

QACSC Prescribing Protocol #001

Authority: Ala. Code § 20-2-61(c)  
Approved: Minutes of November 18, 2009  
Revised: Minutes of March 10, 2010  
Revised: Minutes of August 17, 2011  
Revised: Minutes of March 21, 2012

1. The quantity of a controlled substance initially prescribed by a Physician Assistant (P.A.) shall be limited to a thirty (30) day supply, and any refill must be authorized by the supervising physician. The supervising physician must see the patient before authorizing a refill.
2. If a prescription for a controlled substance is initiated by the supervising physician, the P.A. may authorize only one (1) reissue for a thirty (30) day supply of the medication.
3. A P.A. may make a verbal order for a controlled substance under the circumstances stated in this protocol.
4. The supervising physician should audit the physician assistant's prescribing via the PDMP at least once per quarter.
5. A P. A. is not authorized to be or act as a dispensing Physician Assistant. For the purposes of this protocol, "dispensing Physician Assistant" is defined as a P. A. who orders a controlled substance to be dispensed or distributed to a patient for off-premises consumption or administration from a dispensary located in the facility where the P. A. practices.

## KEEP FOR YOUR RECORDS

### ***THE FOLLOWING IS PROVIDED AS A SOURCE OF GENERAL REFERENCE.***

*It is suggested it be maintained in the physician assistant's personnel file or such location as would make it readily available.*

**(1) GUIDELINES GOVERNING PA PRESCRIBING, AND (2) AN EXCERPT FROM THE RULES AND REGULATIONS OF THE ALABAMA BOARD OF MEDICAL EXAMINERS PERTAINING TO THE REGULATIONS PERTAINING TO PA PRESCRIBING.**

**SPECIFIC QUESTIONS SHOULD BE ADDRESSED IN WRITING TO THE BOARD OF MEDICAL EXAMINERS. P. O. Box 946 / MONTGOMERY, AL 36101-0946**

### **GUIDELINES**

#### **Governing The Prescription Practices of Physicians Assistants**

(Adopted by the Alabama Board of Medical Examiners on August 19, 1998)

These Guidelines and any and all additions, deletions, corrections or changes thereto shall not be considered a rule or regulation requiring publication under the Alabama Administrative Procedure Act, according to Ala. Code § 34-24-293(1)(Cum. Supp. 1994)

1. The primary supervising physician shall review the prescribing practice of his / her physician assistant on a weekly basis, as part of overall quality assurance review. This requirement may be met by reviewing a minimum of ten percent (10%) of patients for whom drugs have been prescribed by the physician assistant ; however, every patient who has not responded to treatment or who has unusual problems shall be reviewed. A log of this review shall be maintained at the practice location.
2. A verbal order by a supervising physician for any drug which is a prescription called in by the physician assistant in the name of the physician and which is a drug the physician assistant is not authorized to prescribe must be reduced to writing and signed by the physician within seventy-two (72) hours of the date of the prescription.
3. The physician assistant's license number shall be recorded on every prescription issued by a physician assistant. See Rule 540-X-7-.28 for complete regulations on prescribing.

**NOTICE:** Physician Assistants who are scheduled to take or have taken and are awaiting the results of the PANCE examination for national certification may make application for temporary licensure and for registration. **The current rules do not allow these assistants to prescribe while they hold temporary licensure. Please do not complete and return the enclosed formulary until applicant is nationally certified and is making application for full licensure.**

to any limitations by the supervising physician in the approved formulary, a physician assistant may prescribe any drug, substance or compound which is listed in Schedules III through V of the Alabama Uniform Controlled Substances Act upon being granted a Qualified Alabama Controlled Substance Certificate (QACSC) and upon submission of an approved QACSC formulary.

(3) The supervising physician and the physician assistant shall adhere to and follow all requirements and procedures stated in written guidelines established by the Board to govern the prescribing practices of physician assistants.

(4) A physician assistant may not initiate a call-in prescription in the name of the supervising physician for any drug which the assistant is not authorized to prescribe unless the drug is specifically ordered for the patient by the supervising physician either in writing or by a verbal order reduced to writing and signed by the physician within the time specified in the guidelines established by the Board.

(5) For any drug which the physician assistant is authorized to prescribe, a written prescription signed by the physician assistant and entered into the patient's chart may be called-in to a pharmacy.

(6) Whenever a physician assistant calls in a prescription to a pharmacy, the physician assistant shall identify his or her supervising physician.

(7) A physician assistant may administer any legend drug or controlled drug which the assistant is authorized to prescribe.

(8) When prescribing legend drugs or controlled drugs a physician assistant shall use a prescription form which includes all of the following:

(a) The name, medical practice site address and telephone number of the physician supervising the physician assistant;

(b) The physician assistant's name printed below or to the side of the physician's name;

(c) The medical practice site address and telephone number of the physician assistant, if different from the address of the supervising physician;

(d) The physician assistant's license number assigned by the Board and the QACSC registration number, when a controlled substance is prescribed;

(e) The words "Product Selection Permitted" printed on one side of the prescription form directly underneath a signature line;

(f) The words "Dispense as written" printed on one side of the prescription form directly underneath a signature line.

(9) For inpatients and nursing home patients, a physician assistant may enter a verbal order from the supervising physician for controlled substances or other medications when the assistant is not authorized to prescribe, provided that the order is co-signed by the supervising physician in accordance with established guidelines and institutional policies.

**Author:** Patricia E. Shaner, Attorney for the Board of Medical Examiners.

**Statutory Authority:** Act 98-604, Effective 5/6/98.

**History:** Amended / approved For Publication: June 24, 1998. Also filed as an Emergency Rule. (Revisions of Rules 540-X-7-.01 through 540-X-.43 by deleting and replacing new rules 540-X-7-.01 through 540-X-7-.32, remaining rules 540-X-7-.44 through 540-X-7-.62 were renumbered)

Adopted: September 16, 1998. Effective Date: October 22, 1998

**-Initial Application-  
QUALIFIED CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE  
FOR PHYSICIAN ASSISTANTS**

**Return Completed Form and Payment To:  
ALABAMA STATE BOARD OF MEDICAL EXAMINERS**  
**Mailing Address: P.O. Box 946  
Montgomery, AL 36101**  
**Physical Address: 848 Washington Ave.  
Montgomery, AL 36104**  
**(334) 833-0161**

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

**All applicants must answer the following questions. If the answer to question A, B, C, D or E is yes, the applicant must attach a complete explanation detailing all facts and circumstances.**

- A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, revoked or disciplined in any manner in any state? . . . . . ( ) Yes ( ) No
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance? . . . . . ( ) Yes ( ) No
- C. Has your Federal DEA registration ever been suspended, restricted or revoked? . . . . . ( ) Yes ( ) No
- D. Have your staff privileges at any hospitals ever been suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances? . . . . . ( ) Yes ( ) No
- E. Are you currently\* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Physician Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners) . . . . . ( ) 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 assistant within the last two years.

- F. Have you completed one year of clinical employment? . . . . . ( ) Yes ( ) No
- G. Have you successfully completed the continuing medical education required by Board rules? . . . . . ( ) Yes ( ) No

**NOTE: Attach documentation of completion**

**NOTICE: To lawfully administer, dispense or prescribe controlled substances in the State of Alabama, federal and state statutes require a DEA certificate of registration and a Qualified Alabama Controlled Substances registration Certificate. For further information concerning federal requirements contact DEA, Metairie, LA, 800-882-9539.**

**FEE FOR THIS CERTIFICATE IS \$110.00. ENCLOSE YOUR CHECK WITH APPLICATION**

I swear (affirm) that the information set forth in this application for Qualified Alabama Controlled Substances registration Certificate is true and correct to the best of my knowledge, information and belief.

Date: \_\_\_\_\_ Signature of Applicant (P. A.) \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Supervising Physician \_\_\_\_\_

P.A. Name: \_\_\_\_\_ P.A. License No.: \_\_\_\_\_

RA Number \_\_\_\_\_ Supervising Physician Name \_\_\_\_\_

**APPROVED FORMULARY for QUALIFIED ALABAMA CONTROLLED SUBSTANCE  
CERTIFICATE for PHYSICIAN ASSISTANT REGISTERED TO PHYSICIAN**

As set forth in Alabama Code Section 20-2-62, the Board of Medical Examiners of the State of Alabama may grant a Qualified Alabama Controlled Substances Registration Certificate to an assistant to physician who (1) is practicing with appropriate physician supervision as defined herein and in accordance with this article; Title 34, Chapter 24, Article 7, and all rules and regulations pertaining to physician supervision between qualified physicians and qualified assistants to physicians.

I authorize \_\_\_\_\_, PA pursuant to RA # \_\_\_\_\_ 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 physician assistants controlled substance prescribing and patient outcomes.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, M.D. \_\_\_\_\_  
Physician Signature Date

\_\_\_\_\_  
Physician Assistant Signature Date

To: Alabama Board of Medical Examiners

**QACSC Covering Physician Agreement**

As a covering (back-up) physician providing supervision for Physician Assistant \_\_\_\_\_ by signing this document, I hereby affirm that (1) I am familiar with the current rules regarding physician assistants and their ability to prescribe controlled substances (2) that I am familiar with the Approved Formulary for Qualified Alabama Controlled Substance Certificate pursuant to RA# \_\_\_\_\_ (3) that I have a current and unrestricted Alabama Controlled Substance Certificate # \_\_\_\_\_ and (4) that I will be accountable for adequately supervising the physician assistant's controlled substance prescribing.

I will assume all responsibility for the controlled substance prescribing of the assistant during the temporary absence of the primary supervising physician.

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Relationship with primary supervising physician: (check one below)

Partnership \_\_\_\_\_ Professional group \_\_\_\_\_ Medical Professional Corporation \_\_\_\_\_

Physician Practice Foundation \_\_\_\_\_ Physician sharing call \_\_\_\_\_.

Medical Specialty of Covering Physician \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Physician Name License Number Date Physician Signature