

Qualified Alabama Controlled Substances Registration Certificate (QACSC) for Physician Assistants

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

This package includes:

- (1) Guidelines Governing the Prescription Practices of Physician Assistants and QACSC Prescribing Protocol
- (2) Application form (Note: a separate QACSC is required for each registration)
- (3) Affidavit of a minimum of 12 months of active, clinical employment
- (4) Approved QACSC Formulary (Note: a separate formulary is required for each registration – make as many copies as necessary)
- (5) QACSC covering physician form (Note: separate covering physician agreements are required for each registration – make as many copies as necessary)

****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, or a copy will be provided upon request****

A complete QACSC license application will contain the following:

- (1) Completed application
- (2) Notarized affidavit of active, clinical employment
- (3) Check for \$110.00 made payable to the Alabama Board of Medical Examiners
- (4) Complete Formulary for Qualified Alabama Controlled Substances Certificate (Note: each QACSC application will have a separate formulary)
- (5) Complete QACSC covering physician agreement. (Note: each QACSC application will have separate covering physician agreements)
- (6) Documentation of successful completion of twelve (12) hours of Category 1 credits including "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls" and a Board approved course that includes advanced pharmacology and prescribing trends relating to controlled substances

QACSC Annual Renewal:

QACSC renewal applications are mailed early in the month of October each year to the P. A.'s mailing address of record. It is the P. A.'s responsibility to provide the Board a current address. QACSCs and P. A. licenses that are 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.

Agenda Deadline Dates for Submission of QACSC Application:

2014:

Meeting	Deadline
Jan 15	Dec 22
Feb 19	Jan 28
Mar 19	Feb 25
Apr 16	Mar 25
May 22	Apr 29
Jun 18	May 27
Jul 16	Jun 24
Aug 20	Jul 29
Sep 17	Aug 26
Oct 15	Sep 23
Nov 19	Oct 28
Dec 10	Nov 18
Jan 21	Dec 29

2015:

Meeting	Deadline
Jan 21	Dec 29
Feb 18	Jan 27
Mar 18	Feb 24
Apr 16	Mar 24
May 20	Apr 28
Jun 16	May 26
Jul 15	Jun 23
Aug 19	Jul 28
Sep 16	Aug 25
Oct 21	Sep 29
Nov 18	Oct 27
Dec 16	Nov 20
Jan 20	Dec 22

-APPLICATION-
QUALIFIED
CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

FOR PHYSICIAN ASSISTANTS

Return Completed Application To:
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P.O. Box 946 • Montgomery, Alabama 36101
(334) 242-4116

<p>WARNING: SECTION 20-2-64, CODE OF ALABAMA 1975 (AS AMENDED) STATES THAT A REGISTRATION MAY BE SUSPENDED OR REVOKED BY THE BOARD UPON A FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN ANY APPLICATION.</p>
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All applicants must answer the following questions. If the answer to questions 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. 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?*. () Yes () No
- F. Print DEA number and expiration date _____

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.

- G. Have you completed one year of clinical employment?
NOTE: If yes, complete attached affidavit..... () Yes () No
- H. Have you completed a board approved pharmacology of controlled substances course or courses?
NOTE: If yes, attach documentation of completion..... () 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.

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.: _____

Address: _____



ALABAMA BOARD OF MEDICAL EXAMINERS

Proof of Clinical Employment

§20-2-62(3)

AFFIDAVIT

I, _____ License # _____ hereby certify that I have received a minimum of 12 months of active, clinical employment with physician supervision following National Commission on Certification of Physician Assistants (NCCPA) certification, from the following employers:

Employer

Street Address

City State Zip

Phone #

Supervisor

Employed From: To:

Employer

Street Address

City State Zip

Phone #

Supervisor

Employed From: To:

Employer

Street Address

City State Zip

Phone #

Supervisor

Employed From: To:

Signed:

Physician Assistant

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

Notary Public
My Commission Expires:

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.

**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.

_____, 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 concerning RA# _____ 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 supervising the physician assistant's controlled substance prescribing.

I will assume all responsibility for the controlled substance prescribing of the physician 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