Practicing in Alabama

Physician Assistants

Donna Jordan, MPA
Director of Assistants to Physicians
PRACTICING IN ALABAMA

INITIAL APPLICATION
AND
REGISTRATION AGREEMENT
PRACTICING IN ALABAMA
HOW TO APPLY

• Graduate from a training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or its successor agency

• Successfully complete the Physician Assistant National Certification Exam (PANCE)
PHYSICIAN ASSISTANTS
LICENSE AND REGISTRATION

APPLICATIONS
• Initial Physician Assistant
• Registration Agreement (RA)
• Qualified Alabama Controlled Substance Certificate (QACSC)
• Limited Purpose Schedule II Permit (LPSP)

RULES
• 540-X-7 – Assistants to Physicians

Applications and Rules are located on the BME website www.albme.org
LICENSE and RA FEES

• Initial License
  • $200

• Criminal Background Check
  • $65

• Registration Agreement Fee
  • $100
    • Required for each new supervisory relationship
    • RA’s are not transferrable

Check payable to: Alabama Board of Medical Examiners
The PA name must be included in the memo section of the check.
LICENSURE AND REGISTRATION

REQUIRED FORM

LICENSURE

INITIAL APPLICATION

All questions must be answered

- Complete and notarized application
  - Original signature required
- Color photograph
- Separate response document(s) for questions answered "yes"
- Copy of diploma
- Copy of NCCPA certificate
- Declaration of citizenship with supporting document
  - REAL ID is required for state issued driver's license
    - Out of state only
- License verification(s) from other state(s)
- Documentation for Criminal History Background Check
- Two fingerprint cards
  - Fingerprint cards must be requested

www.albme.org
Registration Agreement Form

All questions must be answered

- Online Form

- Approved Formulary
  *Legend Drug Prescribing*
  *(if applicable)*

- Supplemental Certificate of Employment
  *(if applicable)*

- Covering Physician Letter
  *(if applicable)*
REGISTRATION AGREEMENT

QUALIFICATION OF THE SUPERVISING PHYSICIAN

1) Hold a current, unrestricted license to practice medicine in the State of Alabama

2) On the date of the application:
   (a) Have practiced medicine for at least one year, if the physician is certified by or eligible for board certification by a specialty board approved by the American Medical Association or by the American Osteopathic Association; or
   (b) Have practiced medicine for at least three years.

3) The Board, in its discretion, may waive the practice requirements in (b).
REGISTRATION AGREEMENT

REQUIREMENTS FOR SUPERVISED PRACTICE

1) Physician supervision requires, at all times, a direct, continuing and close supervisory relationship between a physician assistant and the physician to whom the assistant is registered.

2) There shall be no independent, unsupervised practice by physician assistants.

3) The supervising physician shall be readily available for direct communication or by radio, telephone or telecommunication.

4) The supervising physician shall be available for consultation or referrals of patients from the physician assistant.

5) In the event the physician to whom the physician assistant is registered is not readily available, provisions must be made for medical coverage by a physician pursuant to Rule 540-X-7-.24.

540-X-7-.23
6) In the event of an unanticipated, permanent absence of a supervising physician, a previously approved covering physician may be designated as a temporary supervising physician for a period of up to sixty (60) days. During the sixty (60) day time period, a new registration agreement designating a new supervising physician should be submitted for approval.

7) If the physician assistant is to perform duties at a site away from the supervising physician, the application for registration must clearly specify the circumstances and provide written verification of physician availability for consultation and/or referral, and direct medical intervention in emergencies and after hours, if indicated. The Board, at its discretion, may waive the requirement of written verification upon documentation of exceptional circumstances. Employees of state and county health departments and facilities certified by the Alabama Department of Mental Health are exempt from the requirement of written verification of physician availability.

8) The supervising physician and the physician assistant shall adhere to any written guidelines established by the Board to govern the prescription practices of physician assistants.
9) If the physician assistant is to perform duties at a site away from the supervising physician, physician supervision requires the following:

   (a) The supervising physician receives a daily status report to be made in person, by telephone, or by telecommunications from the assistant on any complications or unusual problems encountered;

   (b) The supervising physician will be present ten percent (10%) of the P. A.’s scheduled work hours in an approved remote practice site if:

      1. The P.A. has less than two (2) years (4,000 hours) in a registration agreement.
      2. The P.A. has entered into a new registration agreement and the new supervising physician has a dissimilar primary specialty than the previous supervising physician.

   (c) If the P. A. has at least two (2) years (4,000 hours) in a registration agreement, the supervising physician shall:

      1. Visit the remote site no less than twice a year.
      2. Meet with the P. A. no less than quarterly.

   (d) A pre-approved covering physician is allowed to be present in lieu of the supervising physician.

   (e) The supervising physician, during office visits, if applicable, reviews with the assistant case histories of patients with unusual problems or complications.

   (f) An appropriate physician personally diagnoses or treats patients requiring physician follow-up.
10) The mechanism for quality analysis shall be as follows:
   (a) A written plan for review of medical records and patient outcomes shall be submitted with the application for registration, with documentation of the reviews maintained.
   (b) Countersignature by supervising physician must be pursuant to established policy and/or applicable legal regulations and accreditation standards.
REGISTRATION AGREEMENT
COVERING PHYSICIANS FOR PHYSICIAN ASSISTANTS

(1) When the primary supervising physician is off duty, out of town, or not on call and not readily available to respond to patients medical needs, the physician assistant is not authorized to perform any act or render any treatments unless another qualified physician in the same partnership, group, medical professional corporation or physician practice foundation or with whom the primary supervising physician shares call is on call and is immediately available to supervise the physician assistant and has previously filed with the Board a letter stating that he or she assumes all responsibility for the actions of the physician assistant during the temporary absence of the primary supervising physician.
(2) The covering physician providing the supervision shall also affirm in the letter that he or she is familiar with the current rules regarding physician assistants and the job description filed by the supervising physician and the physician assistant, that he or she is accountable for adequately supervising the medical care rendered pursuant to the job description, and that he or she approves the drug type, dosage, quantity and number of refills of legend drugs which the physician assistant is authorized to prescribe in the job description. The covering physician must meet the same qualifications as the supervising physician as established in Rule 540-X-7-.17.
REGISTRATION AGREEMENT
TERMINATION FOR PHYSICIAN ASSISTANTS

When for any reason a physician assistant shall discontinue his or her employment with the employer designated in the application for registration, then registration of such physician assistant to the supervising physician designated in the application is automatically terminated. The physician assistant and the physician shall each inform the Board in writing of the effective date of the termination of employment and the reasons for such termination. Failure to notify the Board of termination may be considered by the Board as a violation of these rules and regulations for the purpose of approval of future applications for registration.
PRACTICING IN ALABAMA

QUALIFIED ALABAMA CONTROLLED SUBSTANCE CERTIFICATE (QACSC)
QACSC REQUIREMENTS

• QACSC
  • $110 (initial)
  • $60 (subsequent)

• Current unrestricted license

• Active registration agreement

• 12 months of active clinical practice
  • In the state of Alabama

• Completed the required Alabama Board of Medical Examiners/Medical Association of the State of Alabama Prescribing Course (12 hours)
  • Apply within one year of course completion
  • Contact Margaret McGuire, MASA Education Coordinator
    • 334-954-2500 (Education Department)
    • www.albme.org
    • Keyword search: “Controlled Substances Prescribing CME”
QACSC REQUIREMENTS

• State issued license to prescribe controlled substances
  • Schedules 3, 3N, 4 and 5

• Specific to an existing Registration Agreement
  • RA’s are not transferrable

A PA is not authorized to write a prescription for Schedules III, IIIN, IV or V in Alabama without both the QACSC and a DEA Registration.
QACSC REQUIRED FORM

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
Physical Address: 818 Washington Ave.
Montgomery, AL 36101
Montgomery, AL 36104
(334) 832-0161

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 Alcohol or Drug Use, Sexual Boundary Issues or Mental Health Issues Program and are in compliance with your contract, you may answer “No” to this question, each answer for this purpose will 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.

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 an 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.

FEE FOR THIS CERTIFICATE IS $10.00. 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

www.albme.org
PRACTICING IN ALABAMA

LIMITED PURPOSE
SCHEDULE II PERMIT (LPSP)
LPSP

REQUIREMENTS

• LPSP
  • $25 (initial)

• Complete an application and prescribing formulary

• Licensee must have:
  • Active, unrestricted license
  • Active registration agreement
  • Active, unrestricted QACSC
  • Current DEA registration
  • Registered with the PDMP
LPSP

REQUIREMENTS

• State issued limited permit to prescribe controlled substances
  • Schedule II and/or IIN (non-narcotic)
    • An LPSP may not be utilized for purchasing, obtaining, maintaining or ordering of any stock supply or inventory of any controlled substance in any form.

• Specific to an existing Registration Agreement
  • RA’s are not transferrable

A PA is not authorized to write a prescription for Schedules II and/or IIN (non-narcotic) in Alabama without both the LPSP and a DEA Registration.
PRACTICING IN ALABAMA

BOARD DEADLINE SCHEDULE
# BOARD OF MEDICAL EXAMINERS

## MONTHLY DEADLINE SCHEDULE

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DEADLINE</th>
<th>MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>Dec 18</td>
<td>Jan 16</td>
</tr>
<tr>
<td>Feb</td>
<td>Jan 14</td>
<td>Feb 20</td>
</tr>
<tr>
<td>Mar</td>
<td>Feb 18</td>
<td>Mar 20</td>
</tr>
<tr>
<td>Apr</td>
<td>Mar 18</td>
<td>Apr 11</td>
</tr>
<tr>
<td>May</td>
<td>Apr 8</td>
<td>May 15</td>
</tr>
<tr>
<td>Jun</td>
<td>May 13</td>
<td>Jun 19</td>
</tr>
<tr>
<td>Jul</td>
<td>Jun 17</td>
<td>Jul 17</td>
</tr>
<tr>
<td>Aug</td>
<td>Jul 15</td>
<td>Aug 21</td>
</tr>
<tr>
<td>Sep</td>
<td>Aug 19</td>
<td>Sep 18</td>
</tr>
<tr>
<td>Oct</td>
<td>Sep 16</td>
<td>Oct 16</td>
</tr>
<tr>
<td>Nov</td>
<td>Oct 14</td>
<td>Nov 20</td>
</tr>
<tr>
<td>Dec</td>
<td>Nov 18</td>
<td>Dec 18</td>
</tr>
</tbody>
</table>

*Dec 16, 2019 for Jan 2020*
PRACTICING IN ALABAMA

ANNUAL RENEWALS
RENEWALS

- License
  - $100
  - NO grace period

- Registration Agreements
  - Not Renewed

Don’t Miss the DEADLINE!
RENEWALS

INITIAL APPLICATION

• $100

A PA must certify that he/she has met the annual minimum education requirement of twenty five (25) hours of AMA PRA Category One Credits™ or the equivalent education for that calendar year.

• A PA is exempt from the minimum continuing education requirement for the calendar year in which he/she received an initial license.

Rule 540-X-7-.29
Continuing Medical Education
Physician Assistant for information regarding CME
Twenty-five (25)
AMR PRA Category 1 Credits™ or equivalent are required annually (calendar year)

Credits must be earned Jan. 1 – Dec. 31 of each year.

Rule 540-X-7-.29
Continuing Medical Education
Physician Assistant for information regarding CME
RENEWALS

QACSC/LPSP

• **Qualified Alabama Controlled Substance Certificate (QACSC)**
  - $60
    - NO grace period

  **Rule 540-X-12-.05**
  “As a requirement for renewing a QACSC, a PA shall obtain every two years, four AMA PRA Category One Credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.”

• **Limited Purpose Schedule II (LPSP)**
  - $10
    - NO grace period
    - DEA and PDMP registrations are required

  If a supervising physician has not renewed his/her license and ACSC, the QACSC/LPSP will become inactive.

  The BME will **not** offer a refund.
CME RENEWALS
QACSC/LPSP

• Earn 4 AMA PRA Category 1 Credits™ in prescribing controlled drugs
  • Every TWO years after the initial 12-hour Prescribing and Pharmacology course

www.albme.org
Keyword search: “Controlled Substances Prescribing CME”
LICENSE RENEWALS

Don’t Miss the DEADLINE!
PA BME RULES: 540-X-7

- Rules are located on the BME website at www.albme.org
Select “PA” for License Type - **Initial Application**

Select “RA” for License Type - **Registration Agreement**

Select “QACSC” for License Type – **Qualified Alabama Controlled Substance Certificate**

Select “LPSP” for License Type – **Limited Purpose Schedule II Permit**
APPLICATION STATUS
AFTER BOARD MEETING

Enter the PA’s first and last name only
Select “I am not a Robot”

Allow five business days after the Board meeting to verify the status of a submitted application.
NEW PROFILE FEATURES

Practitioner Portal

UPDATE ADDRESS
- Click "Update Address" in the top right corner of the "Address Information" section.
- Follow the prompts to make the necessary address changes.
- Once the address changes have been made the PA will be returned to the main screen of the licensee profile.

COPY OF LICENSE and CERTIFICATE
- To print a copy of a license or certificate, scroll to the "License Information" section and click on the printer icon under the "Certificate" column to the right of the license.
PRACTICING IN ALABAMA

CONTACT INFORMATION
Donna Jordan, MPA
Director of Assistants to Physicians
Alabama Board of Medical Examiners
334-334-833-0166
E-mail: djordan@albme.org
www.albme.org
QUESTIONS

THANK YOU FOR YOUR ATTENTION!