

APA-1
Revised 4/2018

**TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION**

Control 540 Department or Agency Alabama State Board of Medical Examiners

Rule No. 540-X-3, Appendix B

Rule Title: Application for a Limited Certificate of Qualification

_____ New X Amend _____ Repeal _____ Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?

Is there another, less restrictive method of regulation available that could adequately protect the public?

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?

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?

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?

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?

Does the proposed rule have an economic impact?

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.

Signature of certifying officer Alex J. Dormeneq
Date December 13, 2018

REC'D & FILED
2018 DEC 13 AM 7:50
LEGISLATIVE SVC DIV
(DATE FILED)
(STAMP)

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Appendix B, Application for a Limited Certificate of Qualification

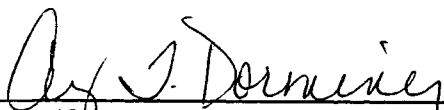
INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: To amend the rule to elicit additional information

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: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including February 1, 2019. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Carla H. Kruger by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. Copies can also be obtained at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: February 1, 2019

CONTACT PERSON AT AGENCY: Carla H. Kruger



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

540-X-3, Appendix B
Application for a Limited
Certificate of Qualification

Alabama Board of Medical Examiners
PO Box 946
Montgomery AL 36101
848 Washington Avenue – 36104
(334) 242-4116

To the Alabama Board of Medical Examiners:

I hereby make application for a limited certificate to practice medicine in the state of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice:

Type in the following:

Name in full (First, Middle, Last, M.D./D.O.)

Home Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Name of Institution

Type of license (check one): Resident Fellow Distinguished Professor Specialty
Professor Visiting Professor State Institution

Answer yes or no. If any below answers are in the affirmative, please explain in detail and provide the complete name and address of any state board, hospital, psychiatrist/psychologist, etc.

1. Have you ever been convicted of a felony? (If yes, please provide the name of the court of record or a copy of the record of conviction)
2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction)

3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction)
4. Have you ever been denied a state or federal controlled substance certificate?
5. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered under threat of suspension or revocation?
6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
7. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or a license to practice medicine in any state ~~or has your application for a certificate of qualification or license to practice medicine~~ been withdrawn under threat of denial?
8. Have you ever had a judgment rendered against you, or action settled relating to performance of your professional service?
9. To your knowledge, are you the subject of an investigation by any licensing board/agency as of the date of this application?
10. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer, government agency; professional organization; or licensing authority?
11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
12. 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 or the Medical Licensure Commission of Alabama).

If you answer "Yes," then a description is required.

IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

_____ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

*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 within the past two years.

13. Within the past five years, have you been convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

14. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation or maternity leave?

Pre-medical education: List all schools attended, undergraduate and post-graduate work (other than medical school), dates attended, and degree conferred.

Medical education: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

Post-graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

List all activities following medical school excluding the post-graduate medical training provided above

Have you taken and passed a written licensing examination?

You answered yes, please choose: ABMS or AOA board certification exam USMLE COMLEX Other

Date

Affidavit and release:

Affidavit and release:

I, [name prints here], certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information. I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Applicant's signature

Notarization

Certification: This is to certify that the aforementioned individual is making application for a limited certificate of qualification at this institution.

Signature:

Type or print name of Dean-School of Medicine, ~~or~~ Director-Residency Training Program, Warden/Medical Director

Under Alabama law, this document is a public record and will be provided upon request.

Print application, sign in presence of Notary Public, have Dean-Medical School or Director-Residency Training Program sign, and return original to the Alabama Board of Medical Examiners.

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-75

History: Repeal and replace approved November 16, 2017. Repeal and replace filed: February 27, 2018. Effective Date: April 13, 2018. Approved: December 12, 2018.

**TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION**

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-3, Appendix E
Rule Title: Limited Certificate of Qualification Renewal Application

 New X Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

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

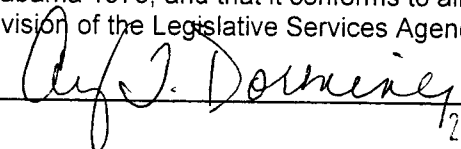
Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

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.

Signature of certifying officer 
Date December 13, 2018

REC'D & FILED
2018 DEC 13 AM 7:47
LEGISLATIVE SVC AGENCY
(DATE FILED)
(STAMP)

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Appendix E, Limited Certificate of Qualification
Renewal Application

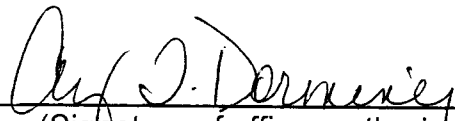
INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: To amend the rule to elicit additional
information

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: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including February 1, 2019. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Carla H. Kruger by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. Copies can also be obtained at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: February 1, 2019

CONTACT PERSON AT AGENCY: Carla H. Kruger



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

540-X-3, Appendix E
Limited Certificate of Qualification
Renewal Application

Under Alabama law, this document is a public record and will be provided upon request

ALABAMA BOARD OF MEDICAL EXAMINERS
Limited Certificate of Qualification Renewal Application

If you meet the qualifications for a full medical license, you do not qualify for a limited license

Section 34-24-75, Code of Alabama 1975, as amended, required that all physicians holding limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to the Medical Licensure Commission renewing the actual license. In accordance with this section you are required to accurately complete this application. Once the application has been completed please return it to the institution so that we may obtain the certification of either the Dean, Program Director or Chief Medical Officer. Please attached the \$15 renewal fee made payable to the Board of Medical Examiners.

Name in Full
Name of Institution
Home address
Telephone number (H/C)
Email address
License Number
Date Issued

Type of Limited License: (Please Choose One):

Resident

You checked Resident; number of years in current residency program

Fellow

You checked Fellow; number of years in current fellowship program

Specialty Professor

You checked Specialty Professor; number of years in current teaching position

Distinguished Professor

You checked Distinguished Professor; number of years in current teaching position

Visiting Professor

You checked Visiting Professor; number of years in current teaching position

State Institution

You checked State Institution; number of years in current position

~~Number of Years in Current Program/Teaching Position/State Institution~~

Please answer yes or no. If any of the answers are yes, please explain in detail and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc.

1. Do you limit your practice to the confines of the institution?

If the answer is no, please explain.

~~2. Do you plan to obtain a full license in Alabama? If the answer is no, please explain.~~ Since you last renewed, have you successfully passed a licensing examination? You answered yes, please choose: board certification USMLE COMLEX SPEX Other

3. Since you last renewed, have you successfully completed an ACGME accredited postgraduate year or fellowship? You answered yes, please choose year completed: 1 2 3

34. Have you in the past year been arrested for a violation of any Federal, State or Local statute? If the answer is yes, please explain.

45. Have you in the past year been directed to appear before any medical examining board, hospital staff, professional society or institution for disciplinary action?

If the answer is yes, please explain.

56. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

67. Within the past year, have you ever raised the issue of consumption of drugs or Alcohol or the issue of mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?

78. Since you last renewed have you 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 or Medical Licensure Commission of Alabama).

If the answer is yes, please include a detailed explanation.

Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the

licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

_____ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

89. Have you been, within the past year, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

910. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation or maternity leave?

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Applicant's typed name

~~I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.~~

Date

Typed Name of Dean, Program Director, Chief Medical Officer, Warden, Medical Director

Name of Program or State Institution

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53.1, 34-24-75

History: Repeal and replace approved June 21, 2017.

Effective Date: October 2, 2017. Amended/Approved:

November 16, 2017. Amended filed: February 27, 2018.

Effective Date: April 13, 2018. Amended: December 12, 2018.