

APA-2
6/93

**ALABAMA STATE BOARD
OF MEDICAL EXAMINERS**

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC), Appendix B, Application for Renewal of QACSC


INTENDED ACTION: To repeal and replace the appendix

SUBSTANCE OF PROPOSED ACTION: Modification of form for online renewal

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: Patricia E. Shaner, Office of General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, 848 Washington Avenue (36104), 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 Wednesday, July 5, 2017. Persons wishing to obtain copies of the text of this rule should contact Patricia E. Shaner, Office of General Counsel, (334-242-4116), PO Box 946, 848 Washington Avenue (36104), Montgomery, Alabama 36101-0946. Copy is available at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: July 5, 2017

CONTACT PERSON AT AGENCY: Patricia E. Shaner



Norris W. Green, Executive Director

NEW**Renewal - 20XX****Qualified Controlled Substances Registration Certificate for Physician Assistants
Deadline: December 31, 20XX**

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.

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

- 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 (If yes, please include a detailed explanation)
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance? Yes No (If yes, please include a detailed explanation)
- C. Has your Federal DEA registration ever been suspended, restricted or revoked? Yes No (If yes, please include a detailed explanation)
- 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 (If yes, please include a detailed explanation)
- 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 (If yes, please include a detailed explanation)

* 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. Do you have a current registration to access the Alabama Prescription Drug monitoring database Program (PDMP)? Yes No
- G. Do you have a current registration issued by the U. S. Drug Enforcement Administration? Yes No
Please provide your Primary DEA number and expiration date.
DEA Number
DEA Expiration Date

NOTICE: A current registration to access the Prescription Drug Monitoring Database and a current registration issued by the U.S. Drug Enforcement Administration are required before renewing a Qualified Alabama Controlled Substances Certificate. For further information concerning DEA registration, contact DEA, (800) 882-9539. For further information concerning the prescription database, contact the Alabama Dept. of Public Health, (877) 703-9869.

H. I certify that I have met the requirement to obtain, within the past two years, four (4) AMA PRA Category 1 Credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.

Name of course taken

Date course was taken

Upload documentation

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.

Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

-RENEWAL- <<RENEWALYEAR>>
**QUALIFIED CONTROLLED
SUBSTANCES REGISTRATION CERTIFICATE
FOR PHYSICIAN ASSISTANTS**

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.

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

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. 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. Do you have a current registration to access the Alabama prescription drug monitoring database program (PDMP)? () Yes () No
- G. Do you have a current registration issued by the U. S. Drug Enforcement Administration? () Yes () No
Print DEA number and expiration date

H. I certify that I have met the requirement to obtain, within the past two years, four (4) AMA PRA Category 1 Credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances within the past two years () 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 \$60.00. ENCLOSE YOUR CHECK WITH APPLICATION

QACSC NO. <<QACSCNUM>>Schedules Authorized Previous Year: <<SCHEDULES>>

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

<<FIRST NAME>> <<LAST NAME>>
<<ADDRESS 1>>
MasterCard
<<ADDRESS 2>>
<<ADDRESS 3>>
<<CITY>>, <<STATE>> <<ZIP>>

RENEW ONLINE AT:
<http://www.alrenewals.org>
(We accept American Express, Visa, or
Registration ID: <<REGISTRATIONID>>