

APA-3
10/91

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSETT, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is a correct copy of rules as promulgated and adopted on the 19th day of July, 2017, and filed with the agency secretary on the 19th day of July, 2017.

AGENCY NAME: Alabama State Board of Medical Examiners

_____ Amendment _____ New _____ Repeal

Rule No. 540-X-18, Appendix B

(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Qualified Alabama Controlled Substances Certificate Renewal Application for Certified Registered Nurse Practitioners and Certified Nurse Midwives

ACTION TAKEN: No comments were received. The appendix was adopted without changes from the proposed.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXV, ISSUE NO. 8, AAM, DATED MAY 31, 2017.

Statutory Rulemaking Authority: *Code of Alabama* 1975, §34-24-53(a) and §34-24-293(a).

(Date Filed)
(For LRS Use Only)



REC'D & FILED

Certifying Officer or his or her Deputy

JUL 20 2017

LEGISLATIVE REF SERVICE

Renewal - 20XX**Qualified Controlled Substances Registration Certificate for Certified Registered Nurse Practitioners and Certified Nurse Midwives****Deadline: December 31, 20XX**

WARNING: SECTION 20-2-254, 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 CRNP or CNM 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.

Author: Alabama Board of Medical Examiners

Authority: Ala. Code § 34-24-53

History: Amended/Approved: May 17, 2017. Effective date: September 5, 2017.