

APA-3

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, 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 12th day of April, 2018, and filed with the agency secretary on the 12th day of April, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

_____ Amendment _____ _____ New _____ _____ Repeal

Rule No. 540-X-20, Appendix A

Rule Title: Application: Limited Purpose Schedule II Permit (LPSP)

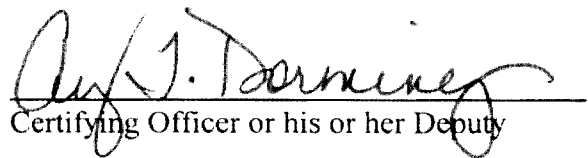
ACTION TAKEN: No comments were received. There were no changes from the proposal.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVI, ISSUE NO. 5, AAM, DATED FEBRUARY 28, 2018.

Statutory Rulemaking Authority:

(Date Filed)
(For LRS Use Only)

**REC'D & FILED
APR 13 2018
LEGISLATIVE SVC AGENCY**



Certifying Officer or his or her Deputy

540-X-20, Appendix A
Application for Limited Purpose Schedule II Permit (LPSP)

Application: Limited Purpose Schedule II Permit (LPSP)
For Certified Registered Nurse Practitioners/Certified Nurse Midwives and Physician Assistants
Fee: \$25.00

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

CRNP/ CNM/ PA Name

License number

Permanent address

Phone number

Email address

CP# (CRNP/ CNM only)

QACSC#

DEA# and expiration date

Certification Specialty (choose one) (CRNP/CNM only)

In what type of clinical specialty practice will this LPSP be utilized? (choose one)

This LPSP will be used with collaborating/supervising physician [name]

Medical license number

Physician specialty

If physician specialty is different from the mid-level, what is the reason? (choose one):

I practice at a remote site in a different type of clinical setting than my collaborating/supervising physician. Please provide details in the word box.

I practice at a remote site but in the same type of clinical setting as my collaborating/ supervising physician. Please provide details in word box.

I practice at the same site as my physician, and we see the same type of patients. We are both certified in different specialties, but we are practicing within our scope of practice. Please provide details in word box.

There is another reason why our specialties differ. Please provide details:

I swear (affirm) that the information set forth in this application for the Limited Purpose Schedule II Permit (LPSP) is true and correct to the best of our knowledge, information, and belief. I am familiar with the current rules regarding CRNPs/CNMs/ PAs and their ability to prescribe Schedule II controlled substances with a Qualified Alabama Controlled Substance Certificate (QACSC). I am familiar with the Board rules/protocols governing a LPSP.

Physician Signature

CRNP/CNM/PA Signature

Author: Alabama Board of Medical Examiners
Statutory Authority: Ala. Code § 20-2-259
History: Amended/Approved: Jan. 17, 2018.
Amended filed: April 13, 2018. Effective Date: May 28.