

APA-4
10/91

CERTIFICATION OF EMERGENCY RULES
FILED WITH LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSETT, DIRECTOR

Pursuant to Code of Alabama 1975, §§41-22-5(b) and 41-22-6(c)(2)a. and b.

I certify that the attached emergency amendment is a correct copy as promulgated and adopted on the 21st day of June, 2017.

AGENCY NAME: Alabama State Board of Medical Examiners

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

EFFECTIVE DATE OF RULE: June 22, 2017

EXPIRATION DATE (If less than 120 days): n/a

NATURE OF EMERGENCY:

The rule amendment is adopted on an emergency basis in order to have the form in place before the date renewals commence (October 1)

STATUTORY AUTHORITY: Ala. Code §34-24-54

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS

YES NO

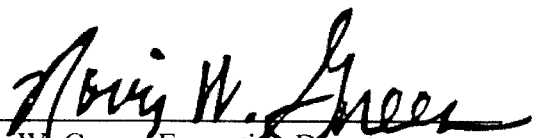
NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

Patricia E. Shaner, Esq.
Alabama State Board of Medical Examiners
PO Box 946
Montgomery, AL 36101-0946
Tel. (334) 242-4116
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REC'D & FILED

JUN 22 2017

LEGISLATIVE REF SERVICE


Norris W. Green, Executive Director

FILING DATE
(For APA Use Only)

ALABAMA BOARD OF MEDICAL EXAMINERS
Limited Certificate of Qualification Renewal Application

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 _____

License Number _____ Date Issued _____ Social Security # _____

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.

Position Held: _____ Number of Years: _____

Table with 3 columns: Question, YES, NO. Contains 12 numbered questions regarding practice limitations, license plans, arrests, disciplinary actions, mental health, substance use, DUI, and medical practice interruptions.

'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.

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST / PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

I hereby certify that the foregoing is true and correct to the best of my knowledge.

Date

Applicant

I hereby swear that the information contained in this renewal application is true to the best of my knowledge.

Dean, Program Director, Chief Medical Officer

REPLACE

ALABAMA BOARD OF MEDICAL EXAMINERS
Limited Certificate of Qualification Renewal Application

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Name in Full _____

Name of Institution _____

License Number _____

Type of Limited License: (Please Check One) []Resident []Fellow []Specialty Professor []Distinguished Professor []Visiting Professor
[]State Institution

Number of Years in Current Program/Teaching Position/State Institution: _____

- 1. Do you limit your practice to the confines of the institution? If the answer is no, please explain. YES NO
2. Do you plan to obtain a full license in Alabama? If the answer is no, please explain. YES NO
3. 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. YES NO
4. 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. YES NO
5. Within the past year, have you been diagnosed with or have you been treated bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? YES NO
6. 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

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.

- 7. 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? YES NO
8. 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. YES NO

9. **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 (www.alabamaphp.weebly.com), 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 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.

10. 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? _____

11. 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? _____

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST / PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

I hereby certify that the foregoing is true and correct to the best of my knowledge.

Date

Applicant

I hereby swear that the information contained in this renewal application is true to the best of my knowledge.

Dean, Program Director, Chief Medical Officer

Print Name

Name of Program or State Institution