

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 _____ X _____ New _____ X _____ Repeal

Rule No. 540-X-4, Appendix B

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

Rule Title: Alabama Controlled Substances Certificate Renewal Application

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

JUL 20 2017



Certifying Officer or his or her Deputy

LEGISLATIVE REF SERVICE

Renewal - 20XX**Controlled Substances Registration Certificate****Deadline: December 31, 20XX**

WARNING: SECTION 20-2-54, 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 hospital 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 affects, or if untreated could affect, your ability to practice medicine in a competent and professional manner? Yes No (If yes, please include a detailed explanation)

* The term "currently" is not limited to the day on which you are completing this application. Rather, the existence of any condition that has manifested itself within the last two years and has impacted or could impact your ability to practice safely requires you to answer "Yes."

- F. Do you have a current registration to access the Alabama Prescription Drug monitoring database Program (PDMP)? Yes No
- G. Do you dispense controlled substances, other than pharmaceutical samples, from any practice location? If yes, I confirm my Registration Form is on file with the ALBME. Yes No
- H. 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 an 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.

List any additional DEA numbers and addresses for other locations

DEA Number

DEA Expiration Date

Address Location for DEA Number

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 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.