

APA-1  
6/93

**TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION**

Control 540 Department or Agency Alabama State Board of Medical Examiners  
Rule No. 540-X-4, Appendix C  
Rule Title: Dispensing Physician's Registration Form  
X New \_\_\_\_\_ Amend \_\_\_\_\_ Repeal \_\_\_\_\_ Adopt by Reference \_\_\_\_\_

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? YES

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

\*\*\*\*\*  
Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

\*\*\*\*\*  
Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer *Edward H. Mendel* **REC'D & FILED**

Date: October 19, 2017

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LEGISLATIVE REF SERVICE

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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-4, Appendix C, Dispensing Physician's Registration Form

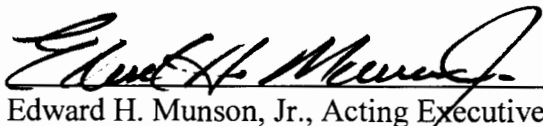
**INTENDED ACTION:** To propose a new Appendix C

**SUBSTANCE OF PROPOSED ACTION:** Adding Dispensing Physician's Registration Form as an Appendix to the Chapter

**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, General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, 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 December 5, 2017. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Patricia E. Shaner, by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. Copies may also be obtained at the Board's web site: [www.albme.org](http://www.albme.org).

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

**CONTACT PERSON AT AGENCY:** Patricia E. Shaner, Esq.

  
Edward H. Munson, Jr., Acting Executive Director



### ALABAMA STATE BOARD OF MEDICAL EXAMINERS

P.O. BOX 946  
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE  
(334) 242-4116

#### Dispensing Physician's Registration Form

Physician Name: \_\_\_\_\_ LIC. # \_\_\_\_\_

Primary practice location: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

DEA No. \_\_\_\_\_ Expiration date \_\_\_\_\_

**Additional practice location:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

DEA No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Additional practice location:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

DEA No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Additional practice location:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

DEA No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Additional practice location:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

DEA No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Completed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I hereby certify the foregoing information to be correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Physician/Osteopath Signature

**NOTE: The rules of the Board of Medical Examiners require that a new registration form be filed when there is any change in the registrants' principal or additional practice locations.**

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, § 20-2-50

History: Amended/Approved for Publication: October 18, 2017.