

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-7, Appendix I

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

Rule Title: Physician Assistant/Anesthesiologist Assistant Renewal Application

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

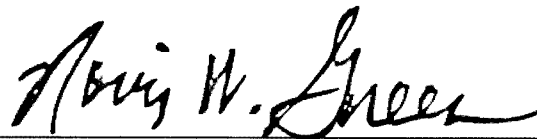
NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXV, ISSUE NO. 8, AAM, DATED MAY 31, 2017.

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

_____ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

13. If you answer "yes", then a description is required. 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?

Yes No (If yes, please include a detailed explanation)

14. 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? 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 that the condition referred to may have an ongoing impact on one's functioning as a physician assistant/anesthesiologist assistant, or within the past two years.

Review the following Registration Agreements (RA) (If any):

Is this Registration Agreement still Active?

How many hours per week do you work under this Registration Agreement?

Please provide a date of termination

What was the reason this Registration Agreement was terminated

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.