

CERTIFICATION OF EMERGENCY RULES FILED
WITH LEGISLATIVE REFERENCE SERVICE
OTHNI LATHRAM, 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, new rule, new chapter, repeal or adoption by reference) is a correct copy as promulgated and adopted on the 25th day of July, 2018.

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. AND TITLE: 545-X-2 Appendix B-ER License Renewal Application

EFFECTIVE DATE OF RULE: August 21, 2018

EXPIRATION DATE (If less than 120 days): _____

NATURE OF EMERGENCY: To remove an inaccurate statement from the annual renewal application. (Alabama Department of Public Health request)

STATUTORY AUTHORITY: Code of Alabama 1975: §34-24-337

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS YES NO

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

Karen H. Silas, Executive Assistant

Post Office Box 887
Montgomery Alabama 36101 334-242-4153

James H. Walburn, MD

James H. Walburn, M.D., Chairman

Medical Licensure Commission of Alabama

FILING DATE
(For APA Use Only)

20XX Alabama Medical License Renewal Application

Deadline: December 31, 20XX

Failure to renew this license by January 31 will result in license becoming inactive without further notice.

Under Alabama law, this document is a public record and if requested it will be provided in its' entirety.

CME Certification: (Select One)

I hereby certify that I have met or will meet by December 31 the annual minimum continuing education requirement of 25 AMA PRA Category I Credits™ or equivalent continuing medical education for the calendar year 20XX and have or will have supporting documentation if audited.

I certify that I am exempt from the minimum continuing medical education requirement for the following reason: (Select One)

I do not reside in the State of Alabama and do not have a significant portion of my medical practice in the State of Alabama

I was exempt from the CME requirement for the previous calendar year 20XX, and I moved my residence to the State of Alabama during the calendar year 20XX.

I received my initial license to practice medicine in Alabama in the calendar year 20XX.

I have obtained a retirement waiver from the Board of Medical Examiners, and I do not engage in the practice of medicine in any form.

I have obtained a waiver from the Board of Medical Examiners due to illness, disability or other hardship condition which existed in the calendar year 20XX.

I am enrolled or was enrolled in a residency training program or clinical fellowship program during the calendar year 20XX.

I am exempt from the CME requirement for the calendar year 20XX because I am a member of a branch of the armed services and I was deployed for military service in the calendar year 20XX.

Practice Information

1. Are you actively engaged in clinical practice in the State of Alabama?

Yes No

2. What type of specialty area do you practice?

3. Do you currently perform/offer to perform any office based surgery/procedure which requires 1) moderate sedation, deep sedation, or general anesthesia; 2) liposuction when infiltration methods such as the tumescent technique are used; or 3) any procedure in which Propofol is administered, given or used?
Remember: Office-based surgery is surgery* performed outside a hospital or outpatient facility licensed by the Alabama Department of Public Health.

*Definition of Surgery: Surgery, which involves the revision, destruction, incision or structural alteration of human tissue performed, using a variety of methods and instruments, is a discipline that includes the operative and non-operative care of individuals in need of such intervention, and demands pre-operative assessment, judgement, technical skills, post-operative management and follow-up.

Primary Care Information

4. Does your practice included the delivery of primary care or mental health services, defined as basic or general health care focused on the point at which a patient ideally first seeks assistance from the medical care system, exclusive of an emergency situation? It does

NOT include administrative, hospitalists, research, teaching, inpatient, emergency/urgent care, or specialized care.)

5. What is your National Provider Identifier (NPI) Number?
6. Do you work for the military, Veterans Administration, or a federal/state correctional facility?
7. Are you planning to retire in the next 12 months?
8. Are you an intern or resident?
9. What are your practice addresses? (Please include street, city, county, and zip code for each address)
10. How many hours per week do you provide direct patient care? (Do NOT include on call, hospital or nursing home rounds, drug rehab centers, jail, emergency room shifts, or similar sites.)
11. What percentage of the total patient base is on Medicaid? (If none, enter zero)
12. Is a formal sliding fee scale used, based on the patient's income or ability to pay? (~~Must be available to all uninsured patients.~~)

NOTE: Repeat questions 9 through 12 for each practice location.

Professional Responsibility Certification

SINCE YOUR LAST RENEWAL:

1. Have you been "charged" with "any" criminal offense (felony or misdemeanor) (This includes driving under the influence (DUI), even if you were convicted of a lesser offense)? Yes No (If yes, please include a detailed explanation)

2. Has your certificate of qualification or license to practice medicine or osteopathy in any state been suspended, revoked, restricted, curtailed, voluntarily surrendered, or disciplined in any manner? Yes No (If yes, please include a detailed explanation)

3. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, restricted or voluntarily surrendered? Yes No (If yes, please include a detailed explanation)

The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Commission 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.***

9. 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)

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 or Medical Licensure Commission of Alabama could result in disciplinary action.

Author: Alabama Medical Licensure Commission

Statutory Authority: Code of Alabama 1975: §34-24-337

History: Amended: Filed July 1997; effective August 27, 1997. **Amended:** Filed March 4, 2003; effective April 8, 2003.

Amended: Approved for Publication January 28, 2004

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Filed: February 4, 2010; Final Approval April 28, 2010; Filed May 5, 2010; Effective Date June 9, 2010;

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Amended: ER Adopted August 23, 2017- Filed ER September 12, 2017.

Repeal & Replace: Approved for Publication August 23, 2017; Filed September 12, 2017. Final Adoption: November 29, 2017; Certification Filed January 5, 2018; Effective February 19, 2018.

Amended: ER Adopted July 25, 2018- Filed ER August 21, 2018.