

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 23rd day of August, 2017.

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. AND TILE: Chapter 2 – Appendix B-ER, Alabama Medical License Renewal Application

EFFECTIVE DATE OF RULE: September 12, 2017

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

NATURE OF EMERGENCY: To amend renewal application questions prior to the 2017 renewal period in order to protect personal and confidential licensee information and to collect additional information as requested by the Ala. Dept of Public Health.

STATUTORY AUTHORITY: Code of Alabama 1975, §34-24-360

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS

YES       NO

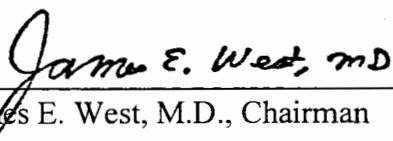
NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

**REC'D & FILED**

SEP 12 2017

Karen H. Silas, Executive Assistant  
Alabama Medical Licensure Commission  
PO Box 887  
Montgomery, AL 36101-0887  
Tel. (334) 242-4153  
ksilas@albme.org

**LEGISLATIVE REF SERVICE**

  
James E. West, M.D., Chairman

FILING DATE  
(For APA Use Only)

## CHAPTER 2--APPENDIX B - ER

### Appendix B/Ch. 2

## 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)

4. Have you been denied a certificate of qualification or a license to practice medicine or osteopathy in any state or has your application for a certificate of qualification or license to practice medicine or osteopathy been withdrawn under threat of denial?      Yes  
No    (If yes, please include a detailed explanation)
  
5. Have you had a judgment rendered against you, or action settled relating to the performance of your professional service?  
Yes      No    (If yes, please include a detailed explanation)
  
6. Are you the subject of an investigation, or has a formal complaint been filed against you or your license by any licensing board or state, federal, regulatory or law enforcement agency?      Yes  
No    (If yes, please include a detailed explanation)
  
7. 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 or sexual boundary issues? (If you are a 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 the Medical Licensure Commission of Alabama**). Yes    No  
If you answer "yes", then a description is required.
  
8. ***Important:*** *The Commission 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 Commission 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](http://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 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

**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

**Filed:** January 30, 2004

**Approved for Adoption:** April 21, 2004; **Effective Date:** May 28, 2004

**Repeal and Replace:** Approved for Publication November 17, 2005; **Filed:** November 28, 2005

**Approved for Adoption:** February 22, 2006; **Filed:** February 27, 2006; **Effective Date:** April 3, 2006. **Amended/Approved:** August 22, 2007; Emergency Rule Effective September 4, 2007.

**Approved for Adoption:** November 28, 2007; Effective date January 4, 2007.

**Amended:** Approved for Publication January 27, 2010.

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

**Amended:** ER Adopted May 23, 2012, Filed ER May 25, 2012

Approved: May 23, 2012; Filed May 25, 2012

Final File August 30, 2012; Effective October 4, 2012

**Amended:** Approved for Publication September 26, 2012; Filed w/LR February 12, 2013#2; Final Approval May 22, 2013, Filed June 5, 2013: Effective Date July 10, 2013

**Amended:** ER Adopted August 27, 2014- Filed ER September 3, 2014

**Approved for Adoption & Publication:** August 27, 2014; Filed w/LR September 4, 2014.  
Adopted November 20, 2014; Final File LR November 26, 2014; Effective January 1, 2015.

**Amended:** Approved for Publication August 31, 2015; Filed September 10, 2015; Final Adoption November 19, 2015; Filed December 1, 2015; Effective January 15, 2016.

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

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CERTIFICATION OF EMERGENCY RULES  
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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 23rd day of August, 2017.

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. AND TITLE: Chapter 2 – Appendix E-ER, Retired Senior Volunteer Program  
Medical License Renewal Application

EFFECTIVE DATE OF RULE: September 12, 2017

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

NATURE OF EMERGENCY: To amend renewal application questions prior to the 2017 renewal period in order to protect personal and confidential licensee information.

STATUTORY AUTHORITY: Code of Alabama 1975, §34-24-360

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS

YES       NO

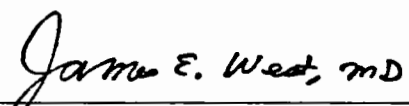
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SEP 12 2017

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Karen H. Silas, Executive Assistant  
Alabama Medical Licensure Commission  
PO Box 887  
Montgomery, AL 36101-0887  
Tel. (334) 242-4153  
ksilas@albme.org

  
\_\_\_\_\_  
James E. West, M.D., Chairman

FILING DATE  
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**CHAPTER 2--APPENDIX E - ER**

**Appendix E/Ch. 2**

**20XX Retired Senior Volunteer Program Medical License  
Renewal Application  
Deadline: December 31, 20XX**

Failure to renew this license by December 31 will result in license becoming inactive without further notice under the restrictions of the Retired Senior Volunteer Program.

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

**CME Certification:**

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.

**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)

4. Have you been denied a certificate of qualification or a license to practice medicine or osteopathy in any state or has your application for a certificate of qualification or license to practice medicine or osteopathy been withdrawn under threat of denial? Yes  
No (If yes, please include a detailed explanation)

5. Have you had a judgment rendered against you, or action settled relating to the performance of your professional service?  
Yes No (If yes, please include a detailed explanation)

6. Are you the subject of an investigation, or has a formal complaint been filed against you or your license by any licensing board or state, federal, regulatory or law enforcement agency? Yes  
No (If yes, please include a detailed explanation)

7. 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 or sexual boundary issues? (If you are a 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 the Medical Licensure Commission of Alabama). Yes No

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

8. **Important:** *The Commission 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 Commission 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](http://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 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

**History:**Approved June 23, 2004. Filed as Emergency Rule July 1, 2004

**Approved for publication** June 23, 2004; **Filed** July 1, 2004

**Adopted** September 22, 2004; **Effective** November 1, 2004

**Repeal and Replace:** Approved for Publication November 17, 2005;

**Filed:** November 28, 2005

**Approved for Adoption:** February 22, 2006;

**Filed:** February 27, 2006;

**Effective Date:** April 3, 2006.

**Amended:** Approved for Publication January 27, 2010.

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

**Adopted** as Emergency Rule September 26, 2012; Filed/Effective October 3, 2012

**Amended:** Approved for Publication September 26, 2012; Filed October 18, 2012

**Adopted:** December 19, 2012; Filed January 15, 2013; Effective February 20, 2013

**Amended & Adopted:** ER August 27, 2014; Filed ER September 3, 2014

**Amended & Approved for Publication:** August 27, 2014; Filed w/LR September 4, 2014.  
Adopted November 20, 2014; Final File LR November 26, 2014; Effective January 1, 2015

**Amended:** Approved for Publication August 31, 2015; Filed September 10, 2015;  
Final Adoption November 19, 2015; Filed December 1, 2015; Effective January 15, 2016.

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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 23rd day of August, 2017.

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. AND TITLE: 545-X-6, Appendix B- ER Special Purpose License Renewal Application

EFFECTIVE DATE OF RULE: September 12, 2017

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

NATURE OF EMERGENCY: To amend renewal application questions prior to the 2017 renewal period in order to protect personal and confidential licensee information.

STATUTORY AUTHORITY: Code of Alabama 1975, §34-24-360

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS

YES  NO

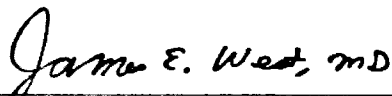
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Karen H. Silas, Executive Assistant  
Alabama Medical Licensure Commission  
PO Box 887  
Montgomery, AL 36101-0887  
Tel. (334) 242-4153  
ksilas@albme.org

  
James E. West, M.D., Chairman

FILING DATE  
(For APA Use Only)

**20XX Special Purpose 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.

Professional Responsibility Certification

**SINCE YOUR LAST RENEWAL:**

1. 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)
  
2. Have you been denied a certificate of qualification or a license to practice medicine or osteopathy in any state or has your application for a certificate of qualification or license to practice medicine or osteopathy been withdrawn under threat of denial? Yes  
No (If yes, please include a detailed explanation)
  
3. Are you the subject of an investigation, or has a formal complaint been filed against you or your license by any licensing board or state, federal, regulatory or law enforcement agency? Yes  
No (If yes, please include a detailed explanation)

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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

**Amended:** September 26, 2012; Filed as Emergency Rule October 3, 2012

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**Adopted:** December 19, 2012, Filed January 15, 2013, Effective February 20, 2013

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**Amended:** ER Approved August 23, 2017- ER Filed September 12, 2017