

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 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

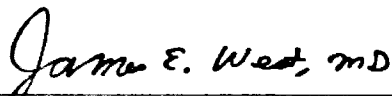
NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

REC'D & FILED

SEP 12 2017

LEGISLATIVE REF SERVICE

Karen H. Silas, Executive Assistant
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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any state or has your application for a certificate of qualification or license to practice medicine or osteopathy been withdrawn under threat of denial?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)

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

Amended: September 26, 2012; Filed as Emergency Rule 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: 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 Approved August 23, 2017- ER Filed September 12, 2017