

**CERTIFICATION OF ADMINISTRATIVE RULES  
FILED WITH THE LEGISLATIVE SERVICES AGENCY  
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 15<sup>th</sup> day of August, 2018, and filed with the agency secretary on the 15<sup>th</sup> day of August, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

Amendment  New  Repeal (Mark appropriate space)

Rule No. 540-X-16, Appendix A  
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Application for Certificate of Qualification for a Special Purpose License to Practice Medicine or Osteopathy

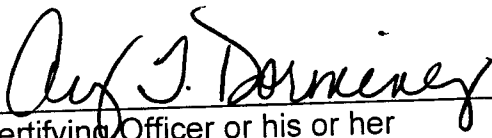
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

No comments received. Rule adopted with typo/missing words (non-comment related) changes from the proposal (indicated on the attached rule).

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVI, ISSUE NO. 9, AAM, DATED JUNE 29, 2018.

Statutory Rulemaking Authority: Ala. Code § 34-24-303

(Date Filed)  
(For LRS Use Only)

  
\_\_\_\_\_  
Certifying Officer or his or her  
Deputy

REC'D & FILED

AUG 2 2018

LEGISLATIVE SVC AGENCY

NOTE: In accordance with §41 22 6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

**ALABAMA BOARD OF MEDICAL EXAMINERS**

P.O. Box 946 - Montgomery, AL 36101 (334) 242-4116

**Application for Certificate of Qualification for a Special Purpose License to Practice Medicine or Osteopathy**

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate of qualification to practice medicine or osteopathy across state lines in the State of Alabama, and submit the following statement concerning my qualifications for a special purpose license

**Name in Full****Social Security Number\***

\*Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete, and no license will be issued.

**Place of Birth**

Country of Birth

City of Birth

State/Province of Birth

Gender/Sex (at birth)

Date of Birth

**Contact Information**

The address and contact methods provided should be how the Board or Commission can contact the license applicant directly. Please DO NOT provide contact information for office managers, assistances, or license assistant companies.

Address

**Contact Methods**

Email Address

Home Telephone Number

Work Telephone Number

List all states where you are licensed to practice medicine or osteopathy. It is required that each state complete one of the verification forms which will be attached to your application.

Answer yes or no (if any following answers are in the affirmative, please explain in detail and provide the complete name and address of any state board, hospital, psychiatrist/psychologist, etc.)

1. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation or disciplined in any manner?

You answered Yes, please provide a description

2. Have you ever been denied a certificate of qualification or a

license to practice medicine 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?

3. Has a disciplinary action been initiated in any state in which you currently hold a license to practice medicine or osteopathy?

## **DECLARATION FOR CERTIFICATE OF QUALIFICATION FOR SPECIAL PURPOSE LICENSE**

In connection with my application for a certificate of qualification for a special purpose license to practice medicine or osteopathy across state lines, I understand and acknowledge that:

- a. A special purpose license only permits the holder to engage in the practice of medicine across state lines on patients located in the State of Alabama but does not authorize the holder to be physically present and engage in the general practice of medicine within the State of Alabama.
- b. It is the affirmative duty of the holder of a special purpose license to report to the Alabama Board of Medical Examiners in writing within fifteen days of the initiation of any disciplinary action against the license to practice medicine or osteopathy of the licensee by any state or territory in which the license is licensed.
- c. By accepting a special purpose license, the licensee agrees to produce patient records or materials as requested by the Board of Medical Examiners or the Medical Licensure Commission and to appear before the Board or the Commission or any of its committees following the receipt of a written notice by the Board or Commission.
- d. The issuance of a special purpose license subjects the licensee to the jurisdiction of the Alabama Board of Medical Examiners and the Medical Licensure Commission of Alabama and the respective statutes and regulations under which they operate, including all matters related to discipline.
- e. Failure to renew a special purpose license according to the renewal schedule shall result in the automatic revocation of the special purpose license. In the event of the automatic revocation of a special purpose license for failure to renew, the licensee must reapply for a new special purpose license.

### AFFIDAVIT AND RELEASE

I, \_\_\_\_\_, certify, after being duly sworn, that all of the information supplied in the submitted application is true and correct to the best of my knowledge . I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of the license granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

\_\_\_\_\_  
Applicant's signature

Date: \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_

SWORN to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Attach Photograph  
If one was not uploaded

Under Alabama law, this document is a public record and will be provided upon request.

**The Alabama Board of Medical Examiners will enforce the Board's rules and options for the issuance of Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.**

Print affidavit and release, sign in presence of Notary Public, attach color picture if not uploaded, and return original to the Alabama Board of Medical Examiners.

## ALABAMA BOARD OF MEDICAL EXAMINERS DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code §§ 31-13-1, *et. seq.*, prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Ala. Code §§ 31-13-1, *et. seq.*, also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

**Directions: This form must be completed and submitted by individuals applying for licenses or permits.**

### SECTION I --- APPLICANT INFORMATION

NAME: \_\_\_\_\_  
(Print or Type) (Last) (First) (M.I.)

DATE OF BIRTH: \_\_\_\_\_

### SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one)  Yes  No

If you answered **YES**: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered **No**: Complete Sections III and IV.

Name of document provided: \_\_\_\_\_

### SECTION III - ALIEN STATUS

Are you an alien lawfully present in the United States?  Yes  No

If you answered **Yes**: (1) Provide an original (only in person at agency office) or legible

copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered **No**: Complete Section IV.

Name of document provided: \_\_\_\_\_.

**SECTION IV -- DECLARATION**

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

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APPLICANT'S SIGNATURE

DATE

**LIST A****DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP**

- (1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver's identification card that the person has provided satisfactory proof of United States citizenship.
- (2) The applicant's birth certificate that satisfactorily verifies United States citizenship.
- (3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.
- (4) The applicant's United States naturalization documents or the number of the certificate of naturalization.
- (5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.
- (6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- (7) The applicant's consular report of birth abroad of a citizen of the United States of America.
- (8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
- (9) The applicant's certification of report of birth issued by the United States Department of State.
- (10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- (11) The applicant's final adoption decree showing the applicant's name and United States birthplace.
- (12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.
- (13) An extract from a United States hospital record of birth created at the



time of the applicant's birth indicating the applicant's place of birth in the United States.

Ala. Act #2011-535, Section 30(c) and Section 29(k).

## LIST B

**DOCUMENTS INDICATING STATUS OF  
QUALIFIED ALIENS, NONIMMIGRANTS, AND  
ALIENS PAROLED INTO U.S. FOR LESS  
THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk (“\*”).

a. **“Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following: Alien Lawfully Admitted for Permanent Residence

- Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on \* I Form-94.

**Asylee**

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated “274.a12(a)(50”;
- \* Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service;
- or
- Order of an immigration judge granting asylum.

**Refugee**

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
- \* Form I-766 (Employment Authorization Document) annotated “A3”

**Alien Paroled Into the U.S. for at Least One Year**

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

**Alien Whose Deportation or Removal Was Withheld**

- \* Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10);
- \* Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

**Alien Granted Conditional Entry**

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- \* Form I-688B (Employment Authorization Document) annotated “274a.12(a)(3)”;
- \* Form I-766 (Employment Authorization Document) annotated “A3.”

**Cuban / Haitian Entrant**

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under

Section 212(d)(5) of the INA.

**Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty**

- U.S. Citizenship and Immigration Service petition and supporting documentation

Author: Alabama Board of Medical Examiners

Authority: Ala. Code §§ 34-24-303

History: Amended/Approved: June 20, 2018. Certified Filed: August 23, 2018.

Effective Date: October 8, 2018.

**CERTIFICATION OF ADMINISTRATIVE RULES  
FILED WITH THE LEGISLATIVE SERVICES AGENCY  
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 15<sup>th</sup> day of August, 2018, and filed with the agency secretary on the 15<sup>th</sup> day of August, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

Amendment  New  Repeal (Mark appropriate space)

Rule No. 540-X-18, Appendix A  
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Application for Qualified Controlled Substances Registration Certificate for Certified Registered Nurse Practitioners and Certified Nurse Midwives

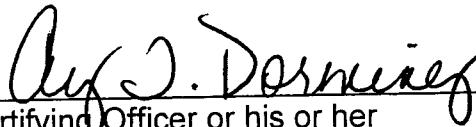
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

No comments received. Rule adopted without changes from the proposal.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVI, ISSUE NO. 9,  
AAM, DATED JUNE 29, 2018.

Statutory Rulemaking Authority: Ala. Code §§ 34-24-53; 20-2-50; 20-2-259

(Date Filed)  
(For LRS Use Only)

  
\_\_\_\_\_  
Certifying Officer or his or her  
Deputy

REC'D & FILED  
AUG 21 2018  
LEGISLATIVE SVC AGENCY

NOTE: In accordance with §41 22 6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

ALABAMA BOARD OF MEDICAL EXAMINERS

P. O. Box 946 – Montgomery, Alabama 36101 • 848 Washington Avenue – 36104

**Application for Qualified Controlled Substances Registration Certificate for  
Certified Registered Nurse Practitioners and Certified Nurse Midwives**

**Under Alabama law, this document is a public record and will be provided upon request.**

The cost for the initial QACSC received is \$110.00; each additional QACSC is \$60.00  
The annual renewal fee for each QACSC is \$60.00

Collaborating Physician Name  
Collaborating Physician Specialty  
Collaborating Physician License number  
CP Number

CRNP/ CNM name  
CRNP/CNM License number  
Primary practice address

All applicants must answer the following questions. (If the answer to question A, B, C, D, E or F is yes, please provide a detailed explanation.)

- A. Has your privilege for dispensing, accessing, or prescribing controlled substances ever been suspended, restricted, revoked, voluntarily surrendered while under investigation, or disciplined in any manner in any state?
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance?
- C. Has your Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation?
- D. Has your employment as a CRNP/CNM ever been suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances?
- E. Are you currently\* 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, sexual boundary issues or mental health issues? (If you are an anonymous participant in a voluntary health monitoring 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)

\*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 so that the condition referred to may have an ongoing impact on one's functioning as a CRNP/CNM within the last two years.

**IMPORTANT:** The Board recognizes that registrants encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its registrants to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program (334-293-5200) an advocacy organization dedicated to improving the health and wellness of nursing professionals in a confidential manner. The failure to adequately address a health condition, where the registrant is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the Qualified Alabama Controlled Substances Certificate.

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

F. To your knowledge, has disciplinary action been taken or is pending against you with the Board of Nursing or any other licensing authority of any state, territory, or country including but not limited to the Alabama Board of Nursing?

G. Have you completed a board-approved pharmacology of controlled substances course or courses? (This must include documentation of successful completion of twelve (12) hours of Category I credits including "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls", a Board-approved course that includes advanced pharmacology and prescribing trends relating to controlled substances. The (12) hour course must have been completed in the preceding 12 months for initial QACSC applicants. Starting with this 12-hour initial course, the CRNP/CNM must obtain (every two (2) years) four (4) AMA PRA Category 1 credits or equivalent through a board-approved course or courses that include advanced pharmacology and prescribing trends related to controlled substances.)

You answered no, you do not qualify for a QACSC and should not complete this application.

You answered yes, upload documentation of completion.

Name of board approved course

Date course taken

Number of Hours obtained

Upload documentation

I have not received documentation from the board approved course or courses.

**NOTICE:** To lawfully administer, dispense or prescribe controlled substances in the State of Alabama, federal and state statutes require a Qualified Alabama Controlled Substances Registration Certificate and a DEA certificate of registration with the State of Alabama. For further information concerning federal requirements, go to [www.deadiversion.doj.gov](http://www.deadiversion.doj.gov). You will apply for your DEA once the QACSC is issued.

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.

I understand that knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary actions. Section 20-2-54, **Code of Alabama** 1975 (as amended) states that a registration may be suspended or revoked by the board upon finding that the registrant has furnished false or fraudulent material or information in any application.

**Author:** Alabama Board of Medical Examiners

**Authority:** Ala. Code §§ 20-2-50, 20-2-259

**History:** Amended/Approved: May 17, 2017. Effective date: September 5, 2017. Repeal and Replace/Approved: November 16, 2017. Repeal/Replace filed: February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: June 20, 2018. Certified Filed: August 23, 2018. Effective Date: October 8, 2018.

**CERTIFICATION OF ADMINISTRATIVE RULES  
FILED WITH THE LEGISLATIVE SERVICES AGENCY  
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 15<sup>th</sup> day of August, 2018, and filed with the agency secretary on the 15<sup>th</sup> day of August, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

Amendment  New  Repeal (Mark appropriate space)

Rule No. 540-X-18, Appendix C  
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Application for Additional Qualified Controlled Substances Registration Certificate For Certified Registered Nurse Practitioners and Certified Nurse Midwives

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

No comments received. Rule adopted without changes from the proposal.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVI, ISSUE NO. 9, AAM, DATED JUNE 29, 2018.

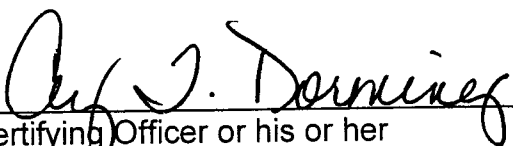
Statutory Rulemaking Authority: Ala. Code §§ 34-24-53; 20-2-50; 20-2-259

(Date Filed)  
(For LRS Use Only)

REC'D & FILED

AUG 20 2018

LEGISLATIVE SVC AGENCY

  
\_\_\_\_\_  
Certifying Officer or his or her  
Deputy

NOTE: In accordance with §41 22 6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.



ALABAMA BOARD OF MEDICAL EXAMINERS  
P. O. Box 946 – Montgomery, Alabama 36101 • 848 Washington Avenue – 36104

**Application for Qualified Controlled Substances Registration Certificate for  
Certified Registered Nurse Practitioners and Certified Nurse Midwives**

**Under Alabama law, this document is a public record and will be provided upon  
request.**

The cost for the initial QACSC received is \$110.00; each additional QACSC is \$60.00  
The annual renewal fee for each QACSC is \$60.00

Collaborating Physician Name  
Collaborating Physician Specialty  
Collaborating Physician License number  
CP Number

CRNP/ CNM name  
CRNP/CNM License number  
Primary practice address

All applicants must answer the following questions. (If the answer to question A, B, C,  
D, E or F is yes, please provide a detailed explanation.)

- A. Has your privilege for dispensing, accessing, or prescribing controlled substances ever been suspended, restricted, revoked, voluntarily surrendered while under investigation, or disciplined in any manner in any state?
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance?
- C. Has your Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation?
- D. Has your employment as a CRNP/CNM ever been suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances?
- E. Are you currently\* 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, sexual boundary issues or mental health issues? (If you are an anonymous participant in a voluntary health monitoring 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)

\*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 so that the condition referred to may have an ongoing impact on one's functioning as a CRNP/CNM within the last two years.

**IMPORTANT:** The Board recognizes that registrants encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its registrants to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program (334-293-5200) an advocacy organization dedicated to improving the health and wellness of nursing professionals in a confidential manner. The failure to adequately address a health condition, where the registrant is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the Qualified Alabama Controlled Substances Certificate.

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

F. To your knowledge, has disciplinary action been taken or is pending against you with the Board of Nursing or any other licensing authority of any state, territory, or country including but not limited to the Alabama Board of Nursing?

G. Have you completed a board-approved pharmacology of controlled substances course or courses? (This must include documentation of successful completion of twelve (12) hours of Category I credits including "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls", a Board-approved course that includes advanced pharmacology and prescribing trends relating to controlled substances. The (12) hour course must have been completed in the preceding 12 months for initial QACSC applicants. Starting with this 12-hour initial course, the CRNP/CNM must obtain (every two (2) years) four (4) AMA PRA Category 1 credits or equivalent through a board-approved course or courses that include advanced pharmacology and prescribing trends related to controlled substances.)

You answered no, you do not qualify for a QACSC and should not complete this application.

You answered yes, upload documentation of completion.

Name of board approved course

Date course taken

Number of Hours obtained

Upload documentation

I have not received documentation from the board approved course or courses.

**NOTICE:** To lawfully administer, dispense or prescribe controlled substances in the State of Alabama, federal and state statutes require a Qualified Alabama Controlled Substances Registration Certificate and a DEA certificate of registration with the State of Alabama. For further information concerning federal

requirements, go to [www.deadiversion.doj.gov](http://www.deadiversion.doj.gov). You will apply for your DEA once the QACSC is issued.

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.

I understand that knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary actions. Section 20-2-54, **Code of Alabama** 1975 (as amended) states that a registration may be suspended or revoked by the board upon finding that the registrant has furnished false or fraudulent material or information in any application.

**Author:** Alabama Board of Medical Examiners

**Authority:** Ala. Code §§ 20-2-50, 20-2-259

**History:** New Rule Approved: December 13, 2017. New rule filed: February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: June 20, 2018. Certified Filed: August 23, 2018. Effective Date: October 8, 2018.

**CERTIFICATION OF ADMINISTRATIVE RULES  
FILED WITH THE LEGISLATIVE SERVICES AGENCY  
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 15<sup>th</sup> day of August, 2018, and filed with the agency secretary on the 15<sup>th</sup> day of August, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

Amendment  New  Repeal (Mark appropriate space)

Rule No. 540-X-19, Appendix A  
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Application for Alabama Pain Management Registration

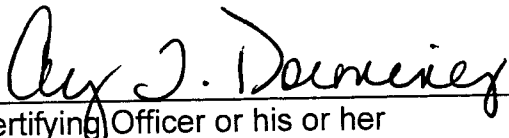
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

No comments received. Rule adopted with non-substantive changes from the proposal not due to comments received (changes indicated on attached).

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVI, ISSUE NO. 9,  
AAM, DATED JUNE 29, 2018.

Statutory Rulemaking Authority: Ala. Code §§ 34-24-600, et. seq.

(Date Filed)  
(For LRS Use Only)

  
\_\_\_\_\_  
Certifying Officer or his or her  
Deputy

REC'D & FILED  
AUG 29 2018  
LEGISLATIVE SVC AGENCY

NOTE: In accordance with §41 22 6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

ALABAMA BOARD OF MEDICAL EXAMINERS  
P. O. Box 946 – Montgomery, Alabama 36101 • 848 Washington Avenue – 36104

**Application for Alabama Pain Management Registration**

**\*\*Separate registration required for each location where pain management services are provided\*\***

Registration Fees: \$100.00 for first location; no additional charge for each additional location

Under Alabama law, this document is a public record and will be provided upon request

Name

AL License\_Number

Alabama Controlled Substances Certificate Number

Expiration Date

DEA Number:

DEA Expiration Date:

DEA "X" Number (if applicable)

Expiration Date

- 1 Are you registered with PDMP?  Yes   
No   
*(Upload copy of PDMP registration receipt)*
- 2 Have you ever had a controlled substance registration certificate denied, restricted or disciplined?  Yes   
No   
*You answered yes, please provide a summary of each action including the year, state and description of each action.*
- 3 Have you ever had a disciplinary action taken against your medical license in Alabama or any other state?  Yes   
No   
*You answered yes, please provide an explanation of the action, including the year, state and description of each action.*

Please provide the following information for the above location where you provide pain management services:

Facility Name

Facility\_Physical Address:

Is ~~t~~he facility is owned or operated by:

a business entity qualifying under Ala. Code § 34-25-605(a)(2)?

~~\_\_\_\_\_ You answered yes, please provide the following information~~

Name of business entity

List all persons or entities having an interest in the facility

Upload a copy of the articles of formation as filed with the Alabama Secretary of State.

You answered no, please provide the following information

A physician licensed to practice medicine in Alabama

List all Owners, Operators of the facility

A governmental entity or body, or political subdivision, or any combination thereof, including state universities and schools.

Full Name of Medical Director:

\_\_\_\_\_

Please identify with supporting documentation, the criteria under which the listed medical directory qualifies to serve as the medical director, which can be found at Ala. Admin. Code § 540-X-19-.05

Upload Supporting Documentation

List all physicians providing pain management services at this location:

I swear (affirm) that the information set forth on this application for Alabama Pain Management Registration form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection of my records at any time.

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 Board of Medical Examiners

**Statutory Authority:** Code of Alabama § 34-24-600, et. seq.

**History:** Approved for Publication: September 18, 2013. Effective Date: December 19, 2013. Amended/Approved for Publication: April 16, 2014.

Effective Date: July 24, 2014. Amended/Approved for Publication: July 15, 2015.

Effective Date: October 22, 2015. Amended/Approved: June 20, 2018. Certified Filed: August 23, 2018. Effective Date: October 8, 2018.

APA-3  
Revised 1/2018

**CERTIFICATION OF ADMINISTRATIVE RULES  
FILED WITH THE LEGISLATIVE SERVICES AGENCY  
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 15<sup>th</sup> day of August, 2018, and filed with the agency secretary on the 15<sup>th</sup> day of August, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

Amendment  New  Repeal (Mark appropriate space)

Rule No. 540-X-20, Appendix A  
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Application for Limited Purpose Schedule II Permit (LPSP)

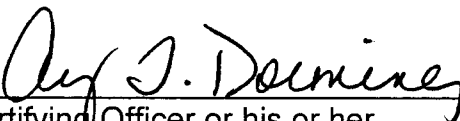
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

No comments received. Rule adopted with non-substantive changes from the proposal not due to comments received (changes indicated on attached).

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVI, ISSUE NO. 9,  
AAM, DATED JUNE 29, 2018.

Statutory Rulemaking Authority: Ala. Code §§ *20-2-259*

(Date Filed)  
(For LRS Use Only)

  
\_\_\_\_\_  
Certifying Officer or his or her  
Deputy

REC'D & FILED

AUG 15 2018

LEGISLATIVE SVC AGENCY

NOTE: In accordance with §41 22 6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.



540-X-20, Appendix A  
Application for Limited Purpose Schedule II Permit (LPSP)

Application for Limited Purpose Schedule II Permit (LPSP)

Fee: \$25.00

Under Alabama law, this document is a public record and will be provided upon request.

CRNP/ CNM/ PA Name

License number

QACSC Number

Permanent address

Phone number

Email address

DEA Number

In what type of clinical specialty practice will this LPSP be utilized? (choose one)

This LPSP will be used with collaborating/supervising physician

Name

Medical license number

Physician specialty

CRNP/CNM Only

CP Number

Certification Specialty (Choose One)

If physician specialty is different from the mid-level, what is the reason? (choose one):

I practice at a remote site in a different type of clinical setting than my

collaborating/supervising physician. Please provide details.

I practice at a remote site but in the same type of clinical setting as my collaborating/supervising physician. Please provide details.

I practice at the same site as my physician, and we see the same type of patients. We are both certified in different specialties, but we are practicing within our scope of practice. Please provide details.

There is another reason why our specialties differ. Please provide details.

I swear (affirm) that the information set forth in this application for the Limited Purpose Schedule II Permit (LPSP) is true and correct to the best of our knowledge, information, and belief. I am familiar with the current rules regarding CRNPs/CNMs/ PAs and their ability to prescribe Schedule II controlled substances with a Qualified Alabama Controlled Substance Certificate (QACSC). I am familiar with the Board rules/protocols governing a LPSP.

Physician

CRNP/CNM/PA

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code § 20-2-259

History: Amended/Approved: Jan. 17, 2018.

Amended filed: April 13, 2018. Effective Date: May 29, 2018.

Amended/Approved: June 20, 2018. Filed for publication: June 20, 2018. Certified

Filed: August 23, 2018. Effective Date: October 8, 2018.