

**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 15th day of August, 2018, and filed with the agency secretary on the 15th day of August, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

Amendment New Repeal (Mark appropriate space)

Rule No. 540-X-3, Appendix C
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Application for Certificate of Qualification to Practice Medicine in Alabama

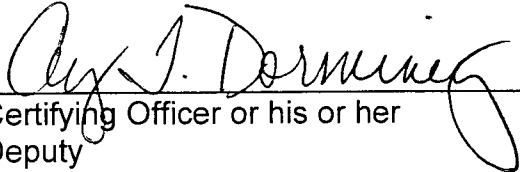
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

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 §§ 34-24-70; 6-5-660

(Date Filed)
(For LRS Use Only)



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.

REC'D & FILED
NOV 1, 2018 *mb*
LEGISLATIVE SVC AGENCY

540-X-3, Appendix C
Application for a Certificate of Qualification under the Retired
Senior Volunteer Physician Program (RSVP)

Alabama Board of Medical Examiners
PO Box 946
Montgomery AL 36101
848 Washington Avenue – 36104
(334) 242-4116

Application for a Certificate of Qualification under the Retired Senior Volunteer Physician
Program (RSVP)

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

To the Alabama Board of Medical Examiners:

I hereby make application for a limited certificate to practice medicine in the state of Alabama
under the RSVP, and submit the following statement concerning my age, moral character,
preliminary and medical education and practice:

Type in the following:

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

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 psychiatrist/psychologist, state board, hospital,
etc.):

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?
3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?
4. Have you ever been denied a state or federal controlled substance certificate?
5. 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?
6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
7. 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 been withdrawn under threat of denial?
8. Have you ever had a judgment rendered against you, or action settled relating to performance of your professional service?
9. To your knowledge, are you the subject of an investigation by any licensing board/agency as of the date of this application?
10. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?
11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
12. 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 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).

You answered Yes, a description is required.

*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 physician within the past two years.

IMPORTANT: The Board 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 Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (334-954-2596), 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 Board 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.

13. Within the past five years, have you been 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?
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?

Education Information

When entering dates attended in the education sections if you don't know the exact date use the first date of the month. (Example: you attended from August 1990 – July 1994, Enter 08/01/1990 – 07/01/1994)

Pre-Medical education

List all schools attended, undergraduate work other than medical school, dates, attended, and degree conferred.

School Name

State Date

End Date

Degree Received

Medical education

List all medical Schools attended, dates, and complete addresses of institutions. Do Not list post-graduate medical education training.

Medical School Name

Start Date

End Date

Street Address

Suite

City

State

Zip

Country

Post-graduate medical education training

List all post-graduate medical education training since graduation from medical school, dates, and complete address of institutions. DO NOT list practice experience.

Facility Name

Start Date

End Date

Street Address

Suite

City

State

Zip

Country

Certification:

1. I hereby certify that I am now or was licensed to practice medicine in the states of [list states], that my license to practice medicine in each of the states indicated is now or was on the date of expiration unrestricted and in good standing and that there are no currently pending disciplinary actions or investigations concerning my license in any of the states listed above. I further certify that my license to practice medicine in the states listed above has never been revoked, suspended, placed on probation, or otherwise subject to disciplinary action and that I have not had my hospital medical staff privileges revoked, suspended, curtailed, limited, or surrendered while under investigation.
2. I certify that I am fully retired from the active practice of medicine; however, I wish to volunteer my services as a physician in a free medical clinic located in [city], Alabama, and it is my expectation that I will provide not less than 100 hours of voluntary services for the calendar year [year].
3. I understand and acknowledge that issuance of a certificate of qualification and license to practice medicine under the Retired Senior Volunteer Physician Program requires that I comply with the continuing medical education requirement for physicians as specified in Chapter 14 of the rules of the Alabama Board of Medical Examiners.

Affidavit and Release:

I, [name prints here], 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, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law.

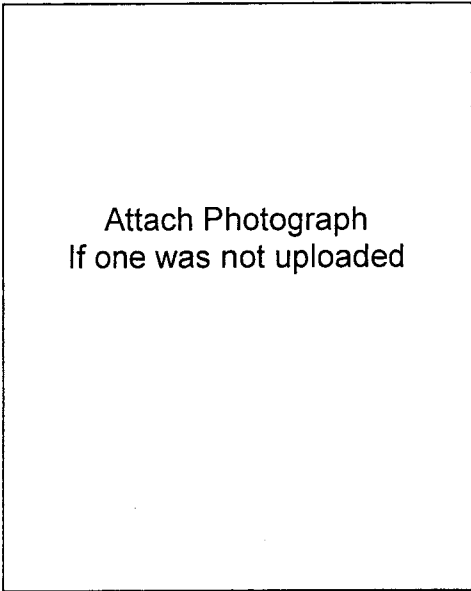
I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information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

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 before Notary Public, attach color picture if not uploaded, and return original to the Alabama Board of Medical Examiners.

Declaration of citizenship:

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 1 --- APPLICANT INFORMATION

Name:

Date of birth:

MD / DO / PA License Number (if applicable):

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

Are you a citizen or national of the United States (choose 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.

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)"; or

* 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)"; or

* 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

(Letterhead)

CERTIFICATION OF FREE CLINIC

DATE: _____

TO: State Board of Medical Examiners

This is to certify that _____, M.D./D.O. has
agreed to perform no fewer than 100 hours of voluntary professional services annually
at the _____, located at _____,
(Clinic Name)
Alabama, which is an established free medical clinic operating under the provisions of
Ala. Code §6-5-660 and provides outpatient medical care to patients unable to pay
for it.

Clinic or Facility Administrator

Address

Telephone

Facsimile

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-70

History: Repeal and replace approved November 16, 2017. Repeal and replace filed
February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: June 20,
2018. Certified filed: August 22, 2018. Effective Date: December 17, 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 15th day of November, 2018, and filed with the agency secretary on the 15th day of November, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

 X Amendment New Repeal (Mark appropriate space)

Rule No. 540-X-7-.04(1)(a)
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: *Reg's for Issuance of license* - physician Assistant (P. A.)

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. 12, AAM, DATED SEPTEMBER 28, 2018.

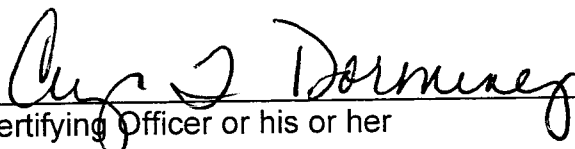
Statutory Rulemaking Authority: Ala. Code §§ 34-24-293; 34-24-298

LEGISLATIVE SVC AGENCY

2018 NOV 16 AM 10:23

(Date Filed)
For LRS Use Only

RECEIVED & FILED



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.

540-X-7-.04 Requirements for the Issuance of a License to Practice as a Physician Assistant (P.A.).

(1) To qualify for a license to practice as a physician assistant an individual must meet the following requirements:

(a) Provide evidence, satisfactory to the Board, of successful completion of a training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or its successor agency;

(b) Provide evidence, satisfactory to the Board, of successful completion of the Physician Assistant National Certification Examination (PANCE) as administered by the National Commission on Certification of Physician Assistants (NCCPA);

(c) Submit an application on forms approved by the Board; and

(d) Pay the required license application fee as determined by the Board.

(e) Beginning October 1, 2008, submit to a criminal history background check which includes the following:

(i) Provide fingerprints and execute a criminal history information release using forms provided by the Board; and

(ii) Pay a criminal history background check fee in an amount established in Rule 540-X-3-.09(2). Fingerprints provided by an applicant shall be submitted to the Alabama Bureau of Investigation (ABI), which is responsible for forwarding the fingerprints to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Information received by the Board pursuant to a criminal history background check shall be confidential and shall not be a public record, except that such information received and relied upon in denying the issuance of a license to

practice as a physician assistant in this state may be disclosed as may be necessary to support the denial.

(2) Documentation submitted through the Federation Credentials Verification Service (FCVS) may be accepted to demonstrate compliance with the credentialing requirements of this rule.

Author: Alabama Board of Medical Examiners

Statutory Authority: *Code of Alabama §§34-24-290, et. seq.*

History: Repealed and Replaced: Filed September 21, 1998; effective October 26, 1998. Repealed and Replaced: Approved June 6, 2002. Effective Date: October 24, 2002. Amended: July 16, 2008. Emergency Rule Effective: August 1, 2008. Effective Date: November 19, 2008. Amended: Filed September 20, 2018. Certified Rule Filed: February 16, 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).

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AGENCY NAME: Alabama State Board of Medical Examiners

Amendment New Repeal (Mark appropriate space)

Rule No. 540-X-7-.07(3)
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: License Renewal – *Physician Assistant (P. A.)*

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. 12, AAM, DATED SEPTEMBER 28, 2018.

Statutory Rulemaking Authority: Ala. Code §§ 34-24-293; 34-24-298

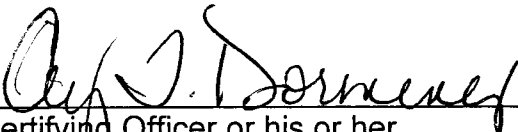
LEGISLATIVE SVC AGENCY

2018 NOV 16 AM 10:25

(Date Filed)

(For LRS Use Only)

RECD & FILED



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.

540-X-7-.07 License Renewal - Physician Assistant (P.A.).

(1) A license to practice as a physician assistant shall be renewed annually on or before January 1st of each year. Application for annual renewal shall be received by the Board on or before December 31st and shall be accompanied by a renewal fee in the amount of \$100.00.

(2) The Board shall not renew the license to practice of any physician assistant against whom an administrative fine has been assessed by the Board until such fine is paid in full. In the event that the fine is subsequently reduced or set aside on judicial review as provided in the Alabama Administrative Procedure Act, the physician assistant shall be entitled to a prompt refund of the amount of the fine, but shall not be entitled to interest thereon.

(3) If a physician assistant fails to renew his license before January 1, he may subsequently renew his license by submitting a completed renewal application, paying the renewal fee of \$100.00 and submitting proof of completion of the continuing medical education hours required by this Chapter as follows:

(a) Between January 1 and January 31, submit a completed renewal application, pay the renewal fee of \$100, and certify completion of the continuing medical education hours required by this Chapter.

(b) February 1 and thereafter, submit a completed renewal application, pay the renewal fee of \$100, and submit proof of completion of the continuing medical education hours required by this Chapter.

Author: Alabama Board of Medical Examiners

Statutory Authority: *Code of Alabama* §§34-24-290, *et. seq.*

History: Repealed and Replaced: Filed September 21, 1998; effective October 26, 1998. Amended June 6, 2002. Repealed and Replaced: Approved June 6,

2002. Effective Date: October 24, 2002. Amended: Approved March 17, 2004.
Effective Date: June 25, 2004. Amended/Approved: September 19, 2018.
Certified Filed: November 16, 2018. Effective date: January 2, 2019.

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

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

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AGENCY NAME: Alabama State Board of Medical Examiners

Amendment New Repeal (Mark appropriate space)

Rule No. 540-X-7-.41(3)

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

Rule Title: License Renewal - ~~Anesthesiologist~~ Assistant (A. A.)

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. 12, AAM, DATED SEPTEMBER 28, 2018.

Statutory Rulemaking Authority: Ala. Code §§ 34-24-293; 34-24-298

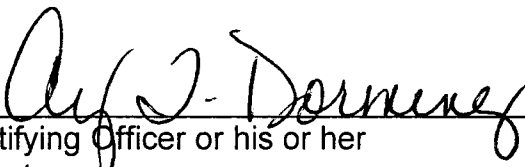
(Date Filed)

For LRS Use Only

LEGISLATIVE SVC AGENCY

2018 NOV 16 AH 10:21

REC'D & FILED



Certifying Officer or his or her
Deputy

NOT: 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-7-.41 License Renewal - Anesthesiologist Assistant (A.A.).

(1) A license to practice as an anesthesiologist assistant shall be renewed annually on or before January 1st of each year. Application for annual renewal shall be received by the Board on or before December 31st and shall be accompanied by a renewal fee in the amount of \$100.00.

(2) The Board shall not renew the license to practice of any anesthesiologist assistant against whom an administrative fine has been assessed by the Board until such fine is paid in full. In the event that the fine is subsequently reduced or set aside on judicial review as provided in the Alabama Administrative Procedure Act, the anesthesiologist assistant shall be entitled to a prompt refund of the amount of the fine, but shall not be entitled to interest thereon.

(3) If an anesthesiologist assistant fails to renew his license before January 1, he may subsequently renew his license as follows:

(a) Between January 1 and January 31, submit a completed renewal application, pay the renewal fee of \$100, and certify completion of the continuing medical education hours required by this Chapter.

(b) February 1 and thereafter, submit a completed renewal application, pay the renewal fee of \$100, and submit proof of completion of the continuing medical education hours required by this Chapter.

Author: Alabama Board of Medical Examiners

Statutory Authority: *Code of Alabama* §§34-24-290 to 34-24-303,

History: Filed as Emergency Rule: April 14, 1999 (Sections .33 through .60).

Adopted: July 21, 1999. Effective Date: August 30, 1999. Repealed and

Replaced: Approved June 6, 2002. Effective Date: October 24, 2002.

Amended: July 17, 2002. Amended/Approved: March 17, 2004. Effective

Date: June 25, 2004. Amended/Approved: September 19, 2018. Certified Rule

Filed: November 16, 2018. Effective Date: January 2, 2019.

APA-3
Revised 1/2018

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AGENCY NAME: **Alabama State Board of Medical Examiners**

_____Amendment New _____Repeal (Mark appropriate space)

Rule No. **540-X-8-.05.1**

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

Rule Title: **Reinstatement of Lapsed Approval for Practice as a Certified Registered Nurse Practitioner**

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

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

NOTICE OF INTENDED ACTION PUBLISHED IN **VOLUME XXXVI, ISSUE NO. 12, AAM, DATED SEPTEMBER 28, 2018.**

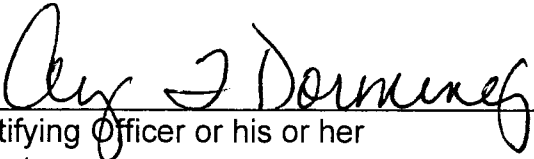
Statutory Rulemaking Authority: **Ala. Code §§ 34-24-53 and 34-21-87**

LEGISLATIVE SVC AGENCY

2018 NOV 16 AM 10:21

RECEIVED & FILED

(Date Filed)
(For LRS Use Only)



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.

540-X-8-.05.1 Reinstatement of Lapsed Approval for Practice as a Certified Registered Nurse Practitioner.

(1) Lapsed approval as a certified registered nurse practitioner may be reinstated upon submission of a completed application and compliance with the following:

- (a) An active Alabama registered nurse license.
- (b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.
- (c) Official evidence of current national certification as a certified registered nurse practitioner by a national certifying agency recognized by the Board.
- (d) Documented evidence of completion of six contact hours of pharmacology content specific to the prescriptive practice in the approved area for collaborative practice earned within the 24 months immediately preceding application.

(2) If the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval license shall be the expiration date of the next RN license period or the expiration date of the licensee's national certification as a certified registered nurse practitioner, whichever occurs first.

Author: Alabama Board of Medical Examiners.

Statutory Authority: Code of Alabama 1975, as amended, §§ 34-24-53, 34-21-82, 34-21-85, and 34-21-87.

History: New Rule Approved: September 19, 2018. Certified Rule Filed: November 16, 2018. Effective Date: January 2, 2019.

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 **15th day of November, 2018**, and filed with the agency secretary on the **15th day of November, 2018**.

AGENCY NAME: **Alabama State Board of Medical Examiners**

_____Amendment New _____Repeal (Mark appropriate space)

Rule No. **540-X-8-.19.1**

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

Rule Title: **Reinstatement of Lapsed Approval for Practice as a Certified
Nurse Midwife**

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

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

NOTICE OF INTENDED ACTION PUBLISHED IN **VOLUME XXXVI, ISSUE NO. 12, AAM, DATED SEPTEMBER 28, 2018.**

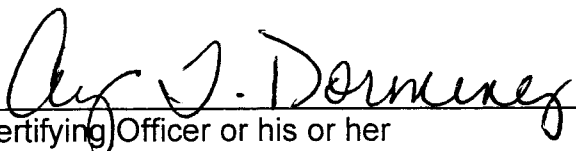
Statutory Rulemaking Authority: **Ala. Code §§ 34-24-53 and 34-21-87**

LEGISLATIVE SVC AGENCY

2018 NOV 15 PM 10:24

RECORDED & FILED

(Date Filed)
(For ERS Use Only)



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.

540-X-8-.19.1 Reinstatement of Lapsed Approval for Practice as a Certified Nurse Midwife.

(1) Lapsed approval as a certified nurse midwife may be reinstated upon submission of a completed application and compliance with the following:

- (a) An active Alabama registered nurse license.
- (b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.
- (c) Official evidence of current national certification as a certified nurse midwife by a national certifying agency recognized by the Board.
- (d) Documented evidence of completion of six contact hours of pharmacology content specific to the prescriptive practice in the approved area for collaborative practice earned within the 24 months immediately preceding application.

(2) If the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval license shall be the expiration date of the next RN license period or the expiration date of the licensee's national certification as a certified nurse midwife, whichever occurs first.

Author: Alabama Board of Medical Examiners.

Statutory Authority: Code of Alabama 1975, as amended, §§ 34-24-53, 34-21-82, 34-21-85, and 34-21-87.

History: New Rule Approved: September 19, 2018. Certified Rule Filed: November 16, 2018. Effective Date: January 2, 2019.