

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 11th day of April, 2019, and filed with the agency secretary on the 11th day of April, 2019.

AGENCY NAME: Alabama State Board of Medical Examiners

Amendment New Repeal (Mark appropriate space)

Rule No. 540-X-1-.03

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

Rule Title: Meetings of the Board

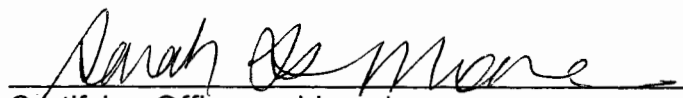
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes from the proposal. No comments received.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVII, ISSUE NO.5
AAM, DATED FEBRUARY 28, 2019.

Statutory Rulemaking Authority: Ala. Code §§ 34-24-53, 34-24-58, 6-5-533

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her
Deputy

RECD & FILED
2019 APR 16 PM 1:00
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-1-.03 Meetings Of The Board.

(1) The Board shall meet each month, usually the third Wednesday of each month.

(2) Special meetings may be called at the request of the chairman.

(3) At least six members of the Board shall constitute a quorum and as such shall be competent to act.

(4) The executive director or his designee shall keep a record of all meetings. The place of each meeting of the Board, names of the members present, all official acts of the Board, and the votes shall be recorded in the minutes. The minutes shall be presented for approval or amendment at the next regular meeting, which upon approval will be signed and each page initialed by the chairman. The minutes, not including any section relating to the good name or character of an individual, shall be open to public inspection.

(5) All meetings of the Board, not including any part relating to the good name or character of an individual, shall be open and public. All reports of investigations; documents subpoenaed by the Board; reports of any investigative committee appointed by the Board; memoranda of the Board's counsel relating to investigations; statements of persons interviewed by the Board or any committee of the Board; all information, interviews, reports, statements or memoranda of any kind furnished to the Board or any committee of the Board; and any findings, conclusions or recommendations resulting from proceedings of the Board or any committee of the Board, unless presented as evidence at a public hearing, shall be privileged and confidential, shall be used only in

the exercise of the proper functions of the Board, and shall not be public records nor be available for court subpoena or for discovery proceedings.

(6) Meetings of the Board are governed by *Sturgis Standard Code of Parliamentary Procedure* and/or any amendments adopted by the Board.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. §§ 34-24-53, 34-24-58, 6-5-533.

History: Filed November 9, 1982. Re-adopted: Filed February 8, 1983.

Amended: Filed August 22, 2002. Effective Date: September 26, 2002.

Amended/Approved: February 20, 2019. Effective Date: May 31, 2019.

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AGENCY NAME: Alabama State Board of Medical Examiners

_____Amendment _____New ___X___Repeal (Mark appropriate space)

Rule No. 540-X-1-.15

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

Rule Title: Fee for Application Packets

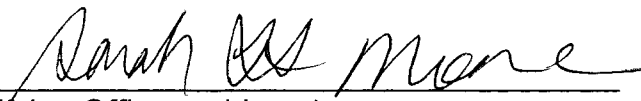
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes from the proposal. No comments received.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVII, ISSUE NO.5
AAM, DATED FEBRUARY 28, 2019.

Statutory Rulemaking Authority: Ala. Code §§ 34-24-53 and 34-24-71

(Date Filed)
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Certifying Officer or his or her
Deputy

REC'D & FILED
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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.

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**CERTIFICATION OF ADMINISTRATIVE RULES
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AGENCY NAME: Alabama State Board of Medical Examiners

Amendment New Repeal (Mark appropriate space)

Rule No. 540-X-3-.16(2)(b)3.

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

Rule Title: Certificate of Qualification Issued Without Examination (Limited License)

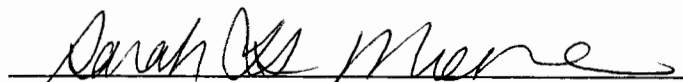
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes from the proposal. No comments received.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVII, ISSUE NO.5
AAM, DATED FEBRUARY 28, 2019.

Statutory Rulemaking Authority: Ala. Code §§ 34-24-53, 34-24-75

(Date Filed)
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Certifying Officer or his or her
Deputy

REC'D & FILED
2019 APR 16 PM 1:13
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-3-.16 Certificate of Qualification Issued Without Examination (Limited License).

(1) Certificates of qualification without examination may, within the discretion of the Board, be issued for a period of up to one year to the following applicants:

(a) Individuals enrolled in an American Medical Association approved residency training program;

(b) Individuals enrolled in residency training programs in LCME accredited schools or Colleges of Medicine in Alabama approved by the Board as set forth in Section 540-X-3-.17.

(c) Visiting professors, subject to a time limit specified by the Board, distinguished professors at medical colleges, and specialty professors at medical colleges.

(d) Physicians employed full-time at a state penal institution or a state mental institution.

(e) Physicians employed full-time at any other state institution approved by the Board.

(2) The Board may issue a certificate of qualification without examination to practice medicine to the Medical Licensure Commission when the below listed requirements have been met:

(a) Graduates of medical schools accredited by the LCME or schools of osteopathy accredited by the American Osteopathic Association must comply with the following:

1. Applicant must have received a diploma from a college of medicine or

osteopathy approved by the Board;

2. Applicant must have served or be serving a one year internship (residency) approved by the American Medical Association or by the Board;
3. Applicant must submit a letter from the Dean, Chief Medical Officer, or Program Director certifying applicant's training or employment at that institution;
4. Applicant must submit the application fee as set by Rule No. 540-X-3-.09;
5. Applicant must submit completed application with required certification and attachments.

(b) Graduates of medical schools not accredited by the LCME must comply with the following:

1. Applicant must have received a diploma from a college of medicine or osteopathy and be eligible for examination by the Education Commission for Foreign Medical Graduates (ECFMG) for its certificate. The Educational Commission for Foreign Medical Graduates (ECFMG) and its sponsoring organizations define a graduate of a foreign medical school as a physician whose basic medical degrees or qualification was conferred by a medical school located outside of the United States, Canada, and Puerto Rico. The medical school must be listed at the time of an applicant's graduation in the World Directory of Medical Schools by the World Health Organization.

2. Applicant must have served or be serving one year of internship (residency) approved by the American Medical Association or the Board.

3. Applicant must be certified by the ECFMG unless the applicant has received his medical training from a primarily English speaking medical school. For the

purposes of this rule, Fifth Pathway Certification and passage of the examination administered by the Education Council For Foreign Medical Graduates is hereby deemed equivalent to certification given by the Education Council For Foreign Medical Graduates. The Board may, within its discretion, waive the requirement of ECFMG certification for an applicant for distinguished professor or an applicant for specialty professor. The Board may, within its discretion, require that the applicant meet with the Credentials Committee of the Board.

4. Applicant must submit application fee as set by Rule 540-X-3-.09.

5. Applicant must submit completed application with required certification and attachments.

(3) The Board may, within its discretion, require that an applicant attend a personal interview with the Credentials Committee of the Board or, at its direction, a representative of the Board in the following circumstances:

(a) When the applicant's answer to any question on the application is incomplete or requires additional explanation;

(b) When the Board is in receipt of any information from any source concerning the applicant that would require additional information or explanation;

(c) When it appears that the applicant may have committed any of the acts constituting grounds for denial of a license.

(4) Any physician granted a limited license by this Board prior to December 31, 1969, which license has been renewed each year, shall be entitled to the annual renewal of such limited license, upon proper application, any other rule, regulation or policy notwithstanding; unless and until such limited license is revoked or suspended in

accordance with §34-24-360 and §34-24-361, Code of Alabama, 1975 and these rules.

(5) For an applicant pursuant to Ala. Code §34-24-75(b) who is a physician employed full-time at a state penal institution or a state mental institution, the following applies:

(a) Applicants qualify for a certificate of qualification without examination in circumstances which are the following:

1. The applicant does not qualify to take a licensing examination listed in Ala. Code §34-24-70(a)(3); or

2. The applicant has not met the additional requirements for examination for certain applicants stated in Ala. Code §34-24-70(a)(6)a.; or

3. The applicant has achieved a passing score on Step 1 and on Step 2 and on Step 3 of the USMLE, but the applicant did not complete Steps 1, 2 and 3 within a seven (7) year period; or

4. The applicant has achieved a passing score on Step 3 of the USMLE, but the applicant achieved the passing score in more than three administrations.

(b) An applicant does not qualify for a certificate of qualification without examination if the applicant is eligible to meet the examination requirements stated in Ala. Code §34-24-70(a)(3).

(6) Physicians employed full-time at regional mental health programs and facilities created pursuant to Ala. Code §§22-51-1 through 22-51-14 are deemed to be employed full-time at state mental institutions and are subject to the requirements of paragraph (5) of this rule for the purposes of certificates of qualification issued without examination.

Author: Alabama Board of Medical Examiners.

Statutory Authority: Code of Alabama 1975, §§ 34-24-53, 34-24-75

History: Filed May 20, 1993 for publication. See also Notice of Intended Action dated 5/20/93 repealing existing Chapter 3. Approved/Adopted: July 21, 1993.

Effective Date: August 26, 1993. Amended: September 15, 1993. Filed for Publication: September 20, 1993. Approved/Adopted: November 17, 1993.

Effective Date: December 22, 1993. Amended/Approved for publication: December 21, 1994. Comment Period Ending: March 7, 1995.

Approved/Adopted: March 15, 1995. Effective Date: April 21, 1995.

Amended/Approved For Publication: February 21, 1996. Approved/Adopted: May 15, 1996. Effective Date: June 21, 1996. Amended/Approved For

Publication: June 19, 1996. Approved/Adopted: August 21, 1996. Effective Date: September 26, 1996. Amended/Adopted for Emergency Publication: May

19, 1999. Effective Date: May 19, 1999. Approved for Publication: May 19, 1999. Approved/Adopted: July 21, 1999. Effective Date: August 31, 1999.

Amended/Approved for Publication: March 15, 2006. Emergency Rule Effective March 17, 2006. Effective Date: June 23, 2006. Amended/Approved for

Emergency Adoption: December 20, 2006. Effective date of Emergency Rule: December 21, 2006. Effective Date: April 26, 2007. Amended/Approved: July

18, 2007. Effective Date: October 25, 2007. Amended/Approved: July 16, 2008. Emergency Rule Effective: August 1, 2008. Effective Date: November

19, 2008. Amended/Approved: August 19, 2009. Effective Date: December 23, 2009. Amended/Approved: February 20, 2019. Effective Date: May 31, 2019.

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AGENCY NAME: Alabama State Board of Medical Examiners

Amendment New Repeal (Mark appropriate space)

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

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

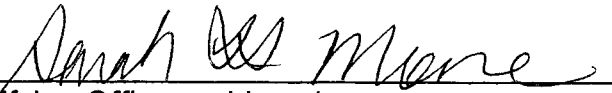
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AAM, DATED FEBRUARY 28, 2019.

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

(Date Filed)
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Certifying Officer or his or her
Deputy

RECEIVED & FILED
2019 APR 15 PM 1:46
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-3, Appendix A
Application for Certificate of Qualification
to Practice Medicine in Alabama

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

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 certificate to practice medicine in the state of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice:

Type in the following:

Name in full (First, Middle, Last, M.D./D.O)

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

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)

Sex

Telephone (H)

Telephone (W)

Answer yes or no (if any below 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. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction)
2. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction)
3. Have you ever been cited for, charged with, or convicted of any violation of any law, felony or misdemeanor (excluding minor traffic violations such as speeding and parking tickets), or are you required to register as a sex offender for any reason? (If yes, please provide the name of the agency, jurisdiction, and/or court along with the

case number and incident date). NOTE: Include felony and misdemeanor criminal matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

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).

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

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.

*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.

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?

15. Have you ever been placed on academic or disciplinary probation by a medical school or postgraduate program?

16. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?

17. Were you notified in writing that there were limitations or special requirements imposed on you because of questions of academic or clinical incompetence, disciplinary problems, or any other reason during your medical education or postgraduate training?

Please provide the following information:

Place of intended residence in Alabama

Pre-Medical education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred

Medical education: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

Post-graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

Specialty(s): (choose from list)

Specialty board certification: Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? If yes, have your specialty board send verification to the Board.

Original full license (if applicable): Provide name of state/territory, date issued, license number, and examination taken.

Original full license (if applicable): Has this license been the subject of any disciplinary action? If yes, please provide summary and supporting documentation.

Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.

Hospital privileges: List all hospitals where you have held staff privileges of any type, providing dates, hospital names, and complete addresses.

State licensure: List all states where you have been licensed to practice medicine. It is a requirement that each state provide a written verification directly to the Board. List all licenses including training or educational licenses. Please note: training and educational licenses do not require a written verification.

SPEX: Have you successfully completed a written licensing examination within the last ten years?

Have you been certified or re-certified within the past ten years by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?

Affidavit and release:

I, [name prints here], certify after being duly sworn, that all of the information supplied in the foregoing 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

Notarization

Photograph

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.

Rev. 04/18

Print application, sign in presence of Notary Public, attach color picture, and return original to the Alabama Board of Medical Examiners.

Alabama Board of Medical Examiners

PO Box 946, Montgomery AL 36101
848 Washington Ave 36104
licensing@albme.org

Medical School Certification
Certificate of Dean or President

It is hereby certified that [applicant name] matriculated in [medicine/osteopathy] at [name of school] from [start date] to [end date] and received a diploma conferring the degree of Doctor of Medicine/Osteopathy on [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please mark the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Type Name

Signature of Registrar or Dean

Instructions to individual completing this form: Please fill in all applicable places and return to the Alabama Board of Medical Examiners at the above physical or email address (email must originate from school/institution domain). Please do not send this certification back to the applicant because the Board will not consider this certificate unless it is received directly from the institution.

Alabama Board of Medical Examiners
PO Box 946, Montgomery AL 36101
848 Washington Ave 36104
licensing@albme.org

Post Graduate Education Certificate
Certificate of Post Graduate Education Training

I, [name], [Administrator/Medical Education Director/Director of Residency Training Program] of [school/institution], certify that the records of this Program show that [applicant name] is currently enrolled in the [1st/2nd/3rd] year of post graduate training OR has successfully completed [number] year/years of post graduate training* in this program from [date] to [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that he/she was ever notified in writing that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical competence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Type name

Signature of [Administrator of Hospital/Medical Education Director/Director of Residency Training]

Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified

Candidates who graduated from a non-LCME accredited medical school or non-AOA accredited College of Osteopathy need three (3) years certified.

**"has completed ____ years of post graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

Instructions to individual completing this form: Please fill in all applicable places and return to the Alabama Board of Medical Examiners at the above physical or email address (email must originate from school/institution domain). Please do not send this certification back to the applicant because the Board will not consider this certificate unless it is received directly from the institution.

Use this form to request verification of other state licenses

_____ (State) Medical Board:

I am applying for a license to practice medicine in the state of Alabama. The Alabama Board of Medical Examiners requires that your Board submit a written verification of my license in your state.

This is your authority to release information in your files, favorable or otherwise, to the Alabama Board of Medical Examiners, PO Box 946, Montgomery AL 36101, email licensure@albme.org.

[Full name]

License number/date issued:

Signature:

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.

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 could result in disciplinary action.

Date

Upload supporting documentation

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

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: February 20, 2019. Effective Date: May 31, 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 11th day of April, 2019, and filed with the agency secretary on the 11th day of April, 2019.

AGENCY NAME: Alabama State Board of Medical Examiners

Amendment New Repeal (Mark appropriate space)

Rule No. 540-X-19-.03

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

Rule Title: Pain Management Registration Required

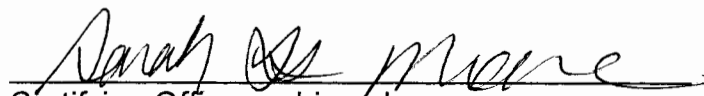
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes from the proposal. No comments received.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVII, ISSUE NO.5
AAM, DATED FEBRUARY 28, 2019.

Statutory Rulemaking Authority: Ala. Code §§ 34-24-53, 34-24-600 through 610

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her
Deputy

RECEIVED & FILED
2019 APR 16 PM 1:47
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-19-.03 Pain Management Registration Required.

(1) Beginning January 1, 2014, and continuing every year thereafter, all physicians who provide pain management services must obtain a pain management registration from the Board.

(2) All physicians who otherwise meet the criteria established by the Board shall obtain a pain management registration from the Board.

(3) To obtain a pain management registration, a physician applicant shall submit the following to the Board:

(a) A completed application on a form prescribed by the Board.

(b) Proof of a current Drug Enforcement Administration (DEA) registration.

(c) Proof of an Alabama Controlled Substance Certificate (ACSC).

(d) Proof of a current registration with the Alabama Prescription Drug Monitoring Program (PDMP).
(e) A list of all registrants who own, co-own, operate or provide pain management services in the physician applicant's practice location.

(f) The disclosure of any controlled substances certificate or registration denial, restriction or discipline imposed on the registrant, or any disciplinary act against any medical license of the registrant.

(g) Payment of the initial registration fees as set forth below in these rules under paragraph (6).

(h) A certification listing the current name of the physician who serves as the medical director.

(i) Any other information requested by the Board related to the qualifications for providing pain management services.

(4) The physician applicant shall provide the Board with a physical address for each location where he or she provides pain management services and a list of all physicians who work at the practice location, including the name of the physician who will serve as the medical director. If the applicant's practice location is a hospital, the applicant is not required to provide the names of physicians at the hospital other than the name of the medical director.

(5) Exemptions. The provisions of this rule shall not apply to any of the following:

(a) A hospice program as defined by and licensed by the Alabama Department of Public Health, or any physician while performing work or providing pain management services for that program.

(b) A facility maintained or operated by the United States or any of its departments, offices or agencies, or any physicians while performing work for that facility.

(c) In addition, the Board shall provide individual, entity and any categorical exemptions as, in its discretion, it deems appropriate.

(d) Any physician who is not included in subparagraphs (a) and (b) above may petition the Board for an exemption from the requirements of this rule for working at a particular entity. The Board shall have the sole discretion in determining whether the requested exemption shall be granted or denied.

(6) Fees.

(a) Initial Application Fees. All applicants for pain management registration shall submit an initial application fee in the amount of One Hundred Dollars (\$100.00).

(b) Renewal Fee. All applicants for renewal of their pain management registration shall submit a renewal fee in the amount of One Hundred Dollars (\$100.00).

(7) Miscellaneous.

(a) If an applicant does not complete the initial application process within 90 days of his or her first submission to the Board, the application shall be closed, the application fees shall not be refunded, and the applicant shall be required to reapply for registration.

(b) An application which is submitted to the Board may be withdrawn at any time prior to the granting or denial of registration; however the application fees shall not be refunded.

(8) Renewal.

(a) A registration by a physician under this rule shall expire on December 31 of each year.

(b) A registrant may renew a current registration prior to its expiration date by submitting the following to the Board:

1. A completed renewal application form prescribed by the Board,
2. The required renewal fees,
3. A certification that each location at which the applicant provides pain management services has a medical director,
4. If the practice location is not a hospital, an attestation that the practice location is not owned wholly or partly by a person who has been convicted of or pled nolo contendere to any of the following:

(i) A felony.

(ii) An offense that constitutes a misdemeanor, the facts of which relate to the distribution or illegal prescribing of any controlled substance.

(iii) Any applicant who has been convicted of a crime described in paragraph 4 may request an interview before the Board, after which the Board, in its discretion, may approve or deny the registration.

5. Any other information requested by the Board.

(9) Grounds for Denial of Registration

(a) The Board may deny issuance or renewal of a pain management registration to any applicant who:

1. Fails to meet any of the requirements set forth in Ala. Code §§ 34-24-600, et seq., or Alabama Administrative Code §§ 540-X-19-.01, et seq.;

2. Furnishes false, misleading, untruthful, or fraudulent information in connection with the application;

3. Discloses, or fails to disclose, any controlled substances certificate or registration denial, restriction, or discipline imposed on the applicant, or any disciplinary act against any medical license of the applicant;

4. At the time of the application, is under any state or federal restriction, probation, discipline, investigation, or indictment related to the provision of medical services or fraud; or

5. Is seeking to provide pain management services at a practice location where two or more licensees have committed violations under Ala. Code §§ 34-24-600, et seq., Ala. Code § 34-24-360, or Ala. Code §§ 20-2-50 through 20-2-78, inclusive.

(b) An applicant who is denied a pain management registration under this

section may petition the Board for reconsideration of the application. Any petition must be filed within thirty (30) days of denial of the registration. Upon receipt of the petition, the Board shall issue the registration or set a hearing thereon. The hearing shall be considered a contested case and shall be governed by the rules on reinstatement hearings in accordance with Alabama Administrative Rule 540-X-6-.02(1)(b)(3).

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama §§ 34-24-53, 34-24-600 through 610.

History: Approved for Publication: September 18, 2013. Effective Date:

December 19, 2013. Amended/Approved for Publication: April 16, 2014.

Emergency Rule Effective: April 17, 2014. Effective Date: July 24, 2014.

Amended/Approved for Publication: July 15, 2015. Effective Date: October 22,

2015. Amended/Approved: February 20, 2019. Effective Date: May 31, 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 11th day of April, 2019, and filed with the agency secretary on the 11th day of April, 2019.

AGENCY NAME: Alabama State Board of Medical Examiners

_____Amendment ___X___New _____Repeal (Mark appropriate space)

Rule No. 540-X-23
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Physician Reentry into Practice


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 one non-substantive change from the proposal: added the word "certification" at the end of section 540-X-23-.03(i).

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVII,
ISSUE NO. 5, AAM, DATED FEBRUARY 28, 2019.

Statutory Rulemaking Authority: Code of Alabama §§ 34-24-53, 34-24-53.1, 34-24-70,
34-24-337, 34-24-360, 34-24-360.1, and 34-24-361

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her
Deputy

REC'D & FILED
2019 APR 15 PM 1:11
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.

NEW
RULES OF THE
ALABAMA BOARD OF MEDICAL EXAMINERS
CHAPTER 540-X-23
PHYSICIAN REENTRY INTO PRACTICE

Table of Contents

540-X-23-.01	Definitions
540-X-23-.02	Application
540-X-23-.03	Reentry to Practice Rule

540-X-23-.01 Definitions.

(1) Active Practice: A physician may be said to be in active clinical practice when any amount of direct patient care has been provided during the preceding two years.

(2) Direct Patient Care: Direct patient care has been provided when a physician treats, or professes to diagnose, treat, perform surgery on, or prescribe medication to a patient for any physical ailment or injury in a clinical or professional setting.

(3) Burden of Proof: The reentry candidate shall have the burden of providing appropriate proof of direct patient care. Ideally, such proof will include a patient chart but may include other documentation as deemed appropriate by the Board.

(4) Two-Year Period: The beginning of the two-year period will begin from the date the physician last provided direct patient care and will be tolled by the filing of an initial or reinstatement application for a certificate of qualification to practice medicine or a medical license reinstatement application.

(5) Board: Alabama Board of Medical Examiners

(6) Commission: Medical Licensure Commission of Alabama

540-X-23-.02 Application.

(1) This rule shall apply in the following instances:

(a) Physician applicants seeking a certificate of qualification, who otherwise qualify for a certificate of qualification, but who have been absent from clinical practice for two years or more may obtain a certificate of qualification by entering into a reentry agreement with the Board.

(b) Licensees seeking reinstatement of a certificate of qualification may be ordered to complete a reentry plan as a condition of reinstatement. Licensees whose reinstatement is contested and whose certificate of qualification is reinstated shall be required to complete a reentry plan as part of the reinstatement order.

(c) When a licensee who has been absent from clinical practice for two years or more is seeking reinstatement of a medical license by the Commission pursuant to Ala. Code § 34-24-337, the Board shall file a notice to contest such reinstatement. In such cases, the Board shall recommend that the Commission order the licensee to complete a reentry plan as a condition of reinstatement.

(d) The Board shall recommend implementation of a reentry plan to the Commission as a condition of probation, as a restriction, or as a condition of reinstatement in any case where a licensee has violated Ala. Code § 34-24-360(20).

(2) This rule shall apply to physicians.

540-X-23-.03 Reentry to Practice Rule

(1) A physician's absence from clinical practice for more than two years creates a rebuttable presumption of clinical incompetence. A physician, whether he or

she is an applicant or licensee, who has not actively practiced or who has not maintained continued competency, as determined by the Board, during the two-year period immediately preceding the filing of an application for licensure or reinstatement or during any consecutive two-year period may be required to complete a reentry plan as a condition of licensure/reinstatement.

(2) The reentry plan may contain any or all of the following:

(a) An assessment of the physician's current strengths and weaknesses in his or her intended area(s) of practice. The process may include testing and evaluation by colleagues, educators, or any other person or entity approved by the Board or Commission.

(b) The physician must also obtain education. Education shall address the applicant's area(s) of needed improvement and consist of a reentry period of retraining and education upon terms based on the factors set forth in Paragraph (3) of this rule.

(c) Depending upon the amount of time out-of-practice, the physician may be required to complete one or more of the following:

1. Receive a passing score on the Special Purpose Examination ("SPEX") or the Comprehensive Osteopathic Medical Variable-Purpose Examination ("COMVEX") examination;
2. Participate in a national assessment readiness program;
3. Undergo a competency assessment by the Board and/or the Commission;
4. Practice for a specified period of time under a mentor/supervising physician who will provide periodic reports to the Board;

5. Obtain certification or recertification by a specialty board recognized by the American Board of Medical Specialties (“ABMS”) or the American Osteopathic Association’s (“AOA”) Bureau of Osteopathic Specialists;

6. Complete one year of accredited postgraduate or clinical fellowship training, which must be preapproved by the Board;

7. Complete up to 50 hours of Board-approved continuing medical education each year that the agreement is in place.

(3) Factors that may affect the Board’s determination regarding competency and the length and scope of the reentry plan include:

(a) The physician’s length of time out of practice;

(b) The physician’s prior intensity of practice;

(c) The reason for the interruption in practice;

(d) The physician’s activities during the interruption in practice, including the amount of practice-relevant continuing medical education;

(e) The physician’s previous and intended area(s) of practice;

(f) The skills required of the intended area(s) of practice;

(g) The developments in the intended area(s) of practice over the time the physician has been out of continuous practice;

(h) The length of time since the physician has completed his or her medical education and/or training;

(i) As applicable, the date of the most recent ABMS, AOA, or equivalent specialty board certification.

(4) A physician who fails to receive a passing score on the SPEX or COMVEX examination three times, whether in Alabama or other states, must successfully complete one year of an accredited residency or an accredited or Board-approved clinical fellowship before retaking the SPEX or COMVEX.

(5) If the Board approves a physician's reentry plan, it shall be incorporated by reference into a reentry agreement and executed by the applicant, the Board, and any applicable Board agents assisting with the reentry agreement.

(6) After the reentry agreement has been executed and the applicant has completed all other requirements for licensure, the Board shall issue a restricted certificate of qualification. The licensee may not practice outside the scope of the reentry agreement and its referenced reentry plan during the reentry period.

(7) While the reentry agreement is in effect, the licensee shall meet with members of the Board at such dates, times, and places as directed by the Board to discuss the licensee's transition back into practice and any other practice related matters. Practicing outside the scope of the reentry agreement, as determined by the Board, is unprofessional conduct, a violation of Ala. Code § 34-24-360(2).

(8) Upon successful completion of the reentry agreement, the licensee must petition the Board to lift the restrictions from his or her certificate of qualification. Once the petition is received, the Board may terminate the reentry agreement and remove the restrictions from the certificate of qualification.

(9) Unsatisfactory completion of the reentry agreement, as determined by the Board, may result in an extension of the agreement, the initiation of proceedings under Ala. Code § 34-24-361, or both.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama §§ 34-24-53, 34-24-53.1, 34-24-70, 34-24-337, 34-24-360, 34-24-360.1, and 34-24-361

History: Approved for publication: February 20, 2019. Certified Filed: April 12, 2019. Effective Date: May 31, 2019.