TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Rule No. <u>540-X-19</u> , Appe	ent or Agency <u>Ala</u> endix B	bama State Board of Medic	al Examiners
Rule Title: Renewal App			
New	X Amend	Repeal	Adopt by Reference
Would the absence of the significantly harm or enda health, welfare, or safety?	inger the public		VEC
, .,			YES
Is there a reasonable relati state's police power and the public health, safety, or we	he protection of the	e e	YES
			1 E3
Is there another, less restri regulation available that co protect the public?			NO
,			NO
Does the proposed rule had irectly or indirectly incre of any goods or services in to what degree?	asing the costs		
to what degree?			NO
Is the increase in cost, if at to the public than the harm from the absence of the pr	n that might result		NO
Are all facets of the rulem designed solely for the pur they have, as their primary protection of the public?	rpose of, and so		YES
-			

= out the proposed rate ha	ve an economic m	pact	NO
If the proposed rule has an required to be accompanie subsection (f) of Section 4	ed by a fiscal note r	prepared in accordance with	1
********	****	و و و و د در د	**********
Certification of Authorized		*****************	***********
I certify that the attached p compliance with the require all applicable filing require Service.	rements of Chapter	r 22 Title 41 Code of Alab	ama 1975, and that it conforms to ion of the Legislative Reference
Signature of certifying offi	icer	- I - I W	
Date: April 18, 2014		KĘ	

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama State Board of Medical Examiners

RULE NO. & TITLE:

540-X-19, Appendix B, Renewal Application

INTENDED ACTION:

To amend the rule appendix

<u>SUBSTANCE OF PROPOSED ACTION</u>: To amend the appendix to reduce the fee required for registration of additional locations where pain management services are provided and to make clarifying modifications to the form.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Patricia E. Shaner, General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including Wednesday, June 4, 2014. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact William F. Addison, by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. The rule amendment will also be available at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: June 4, 2014

CONTACT PERSON AT AGENCY: William F. Addison

Larry D. Dixon, Executive Director

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

Application for Renewal of Alabama Pain Management Registration

N	Name: AL License #:						
	ddress:						
	Street	City	State	Zip			
Т	elephone:	Fax:	Em	ail:			
	EA Number:						
1.) I		oital? [] Yes	[] No			
If yes, continue to number 2 below.							
	If no, complete the following attestation:						
I hereby attest that neither I nor the owner(s) of each of the locations where I provide pain							
m	anagement services has, iIn the						
	nere you provide pain manager						
	lony or an offense that constitu						
	illegal prescribing of any cont						
	Signature of Physician:		- Date:				
	*Any applicant who has been conv	victed of a crime described	in this naraaranh man raaraa	f on int			
*Any applicant who has been convicted of a crime described in this paragraph may request an interview before the Board, after which the Board, in its discretion, may approve or deny the registration.							
2. Ma	Hereby certify that Does each services has have a medical direction of the S40-X-1904:? Additionally, I swear (affirm) that the informanagement Registration is true and derstand that the Board of Medic	location at which f the all ector as required by Boar ation set forth on this appled correct to the best of n	oove licensee provides paired Rule [] Yes [] Dication for renewal of Alacty knowledge, information	No abama Pain			
	Signature of Physician:		Date:				

Registration Fees: \$100.00 for first location; \$10.00 for each additional location