TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board	d of Medical Examiners	
Rule No. <u>540-X-3</u> , Appendix C		
	cation	
New X Amend Repeal _	Adopt by Reference	
Would the absence of the proposed rule		
- · · · · · · · · · · · · · · · · · · ·	VEC	
mental, worlder, or surety.	IES	
Is there a reasonable relationship between the		
state's police power and the protection of the		
public health, safety, or welfare?	Title: Application for a Limited Certificate of Qualification New X Amend Repeal Adopt by Reference It the absence of the proposed rule cantly harm or endanger the public welfare, or safety? Example a reasonable relationship between the police power and the protection of the health, safety, or welfare? Example a mother, less restrictive method of tion available that could adequately to the public? Example a mother proposed rule have the effect of yor indirectly increasing the costs goods or services involved and, if so, to degree? Example a mother than that might result the absence of the proposed rule? Example a mother proposed rule have the effect of yor indirectly increasing the costs goods or services involved and, if so, to degree? Example a mother proposed rule proposed rule? Example a mother proposed rule have a mother proposed rule proposed rule have an economic impact; Example a mother proposed rule have an economic impact; Exampl	
Is there another, less restrictive method of		
regulation available that could adequately		
protect the public?	NO	
Does the proposed rule have the affect of		
~ -		
to what degree?	NO	
mar dogroo.	NO	
Is the increase in cost, if any, more harmful		
tot he public than the harm that might result		
from the absence of the proposed rule?	NO	
Are all facets of the rulemaking process		
designed solely for the purpose of, and so		
they have, as their primary effect, the		
protection of the public?	YES	
********************	****	
	NO	
For poor and the art contains impact.	110	
If the proposed rule has an economic impact, the proposed ru	le is	
required to be accompanied by a fiscal note prepared in accor	dance with	
subsection (f) of Section 41-22-23, Code of Alabama 1975.		
********************	***********	
Certification of Authorized Official		
1 certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22. Title 41. Code of Alabam	1075 and that it a section 11 11 11	
filing requirements of the Administrative Procedure Division of the Lee's	la 1975, and that it conforms to all applicable lative Reference Service	
1, 1)(XX =	
Signature of certifying officer	1,	
Date: December 16, 2011		

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama State Board of Medical Examiners

RULE NO. & TITLE:

540-X-3, Certificate of Qualification, Appendix C, Application for

a Limited Certificate of Qualification

INTENDED ACTION:

To amend the rule.

<u>SUBSTANCE OF PROPOSED ACTION</u>: To add a statement concerning the statutory authority for requesting, requirement for requesting, uses of and consequences of not supplying an applicant's social security number.

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 Friday, February 3, 2012. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Patricia E. Shaner, 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.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: February 3, 2012

CONTACT PERSON AT AGENCY:

Patricia E. Shaner

Larry D. Dixon, Executive Director

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ALABAMA BOARD OF MEDICAL EXAMINERS

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

APPLICATION FOR A LIMITED CERTIFICATE OF QUALIFICATION

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

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

1.	Name in Full						
2.	Address						
3,	Place of Birth Date of Birth						
	Social Security #	Sex	Telephone		ng and a first of the first of the same of		
	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 adminisupport program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete, and no license will be issued.						
				YES	NO		
4. 5.	Have you ever been convicted of a felony?	r offense (felony or m	iadamaanar)				
5. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?							
6.	Have you ever been convicted of any violatic to controlled substances?	on of a state or federal	law relating				
7.	Have you ever been denied a state or federal co	ontrolled substance cert	ificate?		Market and the second s		
8.	Has your certificate of qualification or license to suspended, revoked, restricted, curtailed or v of suspension or revocation?						
9.	Have your staff privileges at any hospital or suspended, curtailed, limited or placed under co	health care facility be onditions restricting you	een revoked, ur practice?				
0.	Have you ever been denied a certificate of q medicine in any state or has your application license to practice medicine been withdrawn ur	for a certificate of qui	e to practice alification or				
1.	Have you ever had a judgement rendered again the performance of your professional service?	nst you, or action settle	ed relating to				
2.	To your knowledge, are you the subject of Board/Agency as of the date of this application	an investigation by a	ny licensing				
3.	Within the past two years, have you been diagrafor bi-polar disorder, schizophrenia, paranoia, o	nosed with or have you or any other psychotic of	been treated lisorder?	***************************************			
14.	Do you currently have any mental or physical but not limited to, substance abuse, alcohol abu disorder or condition) which in any way curr affect your ability to practice in a competent ar	ise, or mental, emotional rently affects, or if until	l, or nervous				
5.	Within the past five years, have you ever raised or alcohol or the issue of a mental, emotional, condition as a defense, mitigation, or explanation any administrative or judicial proceeding or inviceeding; or any proposed termination by an education or live to the proposed termination or live to the past five years.	, nervous, or behaviora ion for your actions in a restigation; any inquiry ucational institution; em censing authority?	I disorder or the course of or other pro- ployer; gov-				
6.	Have you ever been diagnosed as having o pedophilia, exhibitionism or voyeurism?	or have you ever been	treated for				
7:	Are you currently engaged in the illegal use of						
8.	If your answer to the preceding question is ye a supervised rehabilitation program or profession itors you in order to assure that you are not enguangerous substances?	onal assistance program	which mon-				
9.	Have you been within the past five years, co ence (DUI) or have you been charged with D offense such as reckless driving?	onvicted of driving und DUI and been convicted	er the influ- d of a lesser				
0.	Has your medical training or medical practice period longer than 60 days for any reason other	been interrupted or sus	pended for a				

'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.

21. Militar	y Service, Branch			Appendix C, Application for Limited Certificate	Page 2 o
					phone page of the control of the con

		I. PRE-MEDICA	AL EDUCATION		
	Name of School	Dates	s Attended	Degree Conferred	
1.					
2			· ·		THE PARTY OF THE P
3.					
List all medic	eal schools attended, dates, and con		LEDUCATION ations. Do list internship a	and/or residency training.	
		Name of School	·	Address	
1. From	to				
tice experienc	ee.	Name of School		mplete addresses of institutions. Do not list pr Address	
2. From	to				
3. From	to				
		IV. AFFIDAVIT	AND RELEASE		Andrew Arrange
I further aut Examiners in mation and re I further aut	horize the release of this application connection with this application, in lease the Alabama Board of Medic horize the release of information.	knowledge. I acknowledge practice medicine grant- on and any information suncluding derogatory informat III al Examiners from all III al Examiners from all III al Examiners from all III al III al Examiners from all III al Exam	ge that any false or untrue ed to me and criminal pro- ibmitted with it or inform mation, to any person or of bility for the release of the trimation, which may be is	all of the information supplied in the forege statement or representation made in this apposecution to the fullest extent of the law, ation collected by the Alabama Board of Medorganization having a legitimate need for the it is information. In the possession of other individuals or organ any liability for the release of information.	lica- lical nfor
Date				Applicant's Signature	
County of				vyphrodic a Signature	
State of					
SWORN to as	nd subscribed before me this	day of			
				Notary Public	Andrew WARRANT CO.
CERTIFICAT	ION:		My Commission Expir	es:	