## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alaba	ama State Board of N	Medical Examiners
Rule No. 540-X-3, Appendix G	ion Ponoviol Applies	vios
Rule Title: Limited Certificate of Qualificate  New X Amend	Repeal	Adopt by Reference
Would the absence of the proposed rule		
significantly harm or endanger the public health, welfare, or safety?		VEC
ficatiff, weffare, or safety:		YES
Is there a reasonable relationship between the		
state's police power and the protection of the public health, safety, or welfare?		YES
public health, safety, or wellare:		1123
Is there another, less restrictive method of		
regulation available that could adequately protect the public?		NO
•		110
Does the proposed rule have the effect of directly or indirectly increasing the costs		
of any goods or services involved and, if so,		
to what degree?		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		XIDO.
protection of the public?		YES
***********		*********
Does the proposed rule have an economic imp	pact?	NO
If the proposed rule has an economic impact,	the proposed rule is	
required to be accompanied by a fiscal note properties (6) of Section 41 22 23 Gally 6 A		e with
subsection (f) of Section 41-22-23, <u>Code of A</u> ************************************		*********
Certification of Authorized Official	1 !:- C.II	
I certify that the attached proposed rule has been propo- compliance with the requirements of Chapter 22, Title 4	1. Code of Alabama 197:	5, and that it conforms to all applicable
filing requirements of the Administrative Procedure Di	1/1/ //	Reference Service.
Signature of certifying officer	4000	
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 G, Limited

Certificate of Qualification Renewal Application

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

## ALABAMA BOARD OF MEDICAL EXAMINERS Limited Certificate of Qualification Renewal Application

Section 34-24-75, Code of Alabama 1975, as amended, required that all physicians holding limited licenses apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to the Medical Licensure Commission renewing the actual license. In accordance with this section you are required to accurately complete this application. Once the application has been completed please return it to the institution so that we may obtain the certification of either the Dean, Program Director or Chief Medical Officer. Please attach the \$15 renewal fee made payable to the Board of Medical Examiners.

Name in Full:		· • • • • • • • • • • • • • • • • • • •	
Name of Institution:			
License Number:	Date Issued:  st and that you provide your social security number (SSN) on this application.	Social Security	Ť
Support programs and intra-assency for identification purposes. I POSITION Held:	f your SSN is not provided, your application is not complete, and no license w	ill be issued.  The does of Your SSN are limited to the ptop in th	rpose or administering the state or
		YES	NO
Do you limit your practice to the conf If the answer is no, please explain.	ines of the institution?		· 
Do you plan to obtain a full license in If the answer is no, please explain.	Alabama?	APP WHITE IS SHE HE	
Have you ever been arrested for a vio If the answer is yes, please explain.	lation of any Federal, State or Local statute?		
Have you ever been directed to appea professional society or institution for If the answer is yes, please explain.	r before any medical examining board, hospital disciplinary action?	I staff,	Personance
Within the past two years, have you b for bipolar disorder, schizophrenia, pa	een diagnosed with or have you been treated aranoia, or any other psychotic disorder?	-	
not limited to, substance abuse, alcoh	physical condition or impairment (including, b nol abuse, or mental, emotional, or nervous disc ntly affects, or if untreated could affect, your ab- sional manner?	order	
alcohol or the issue of a mental, emot as a defense, mitigation, or explanation or judicial proceeding or investigation	ver raised the issue of consumption of drugs or ional, nervous, or behavioral disorder or condition for your actions in the course of any adminish; any inquiry or other proceeding; or any al institution, employer, government agency, authority?	tion	
Have you ever been diagnosed as hav exhibitionism or voyeurism?	ing or have you ever been treated for pedophili	a,	
Are you currently engaged in the illeg	al use of controlled dangerous substances?1		
a supervised rehabilitation program or	on is yes, are you currently participating in r professional assistance program which monito engaging in the illegal use of controlled dange	ors Prous	

(DUI) or have you been charged with DUI and been as reckless driving?	f driving under the influence convicted of a lesser offense such
Has your medical training or medical practice been intermal a period longer than 60 days for any reason other than a v	
The term "currently" does not mean on the day of, or ex Rather, it means recently enough so that the condition ref within the past two years.	ven in the weeks or months preceding the completion of this application. Ferred to may have an ongoing impact on one's functioning as a physician
IF ANY OF THE ABOVE ANSWERS ARE IN TATTACHED SHEET AND PROVIDE THE COMPLE BOARD, HOSPITAL, ETC.	THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN TE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE
**************************************	
Date	Applicant
Date  I hereby certify that the information contained in this ren	•