## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama	State Board of Medical Examiners
Rule No. 540-X-3, Appendix H	
Rule Title: Certificate of Qualification Reinstate  New X Amend I	Repeal Adopt by Reference
Would the absence of the proposed rule	
significantly harm or endanger the public	
health, welfare, 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
Is there another, less restrictive method of	
regulation available that could adequately	
protect the public?	NO
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	
protection of the public?	YES
************	**************
Does the proposed rule have an economic impact	? <u>NO</u>
If the proposed rule has an economic impact, the	
required to be accompanied by a fiscal note prepared	ared in accordance with
subsection (f) of Section 41-22-23, <u>Code of Alab</u>	<u>ama 1975</u> . *****************
Certification of Authorized Official	
I certify that the attached proposed rule has been proposed	in full
compliance with the requirements of Chapter 22, Title 41, of filing requirements of the Administrative Procedure Divisi	on of the Legislative Reference Service.
Signature of certifying officer	Cally DUM
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 H, Certificate of

Qualification Reinstatement Application

INTENDED ACTION:

To amend the rule.

<u>SUBSTANCE OF PROPOSED ACTION</u>: To add a place to elicit applicant's social security number, and 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 Difector

## REINSTATEMENT APPLICATION ALABAMA BOARD OF MEDICAL EXAMINERS

1.	NAME		
2.	ADDRESS		
3.	INITIAL LICENSE NUMBER ISSUED _		
4.	INITIAL CERTIFICATE NUMBER ISSUED_		
5.	DATE OF REVOCATION/SUSPENSION/SURRENDER OF LICENSE		
6.	REASONS FOR REVOCATION/SUSPENSION/VOLUNTARY SURRENDER OF CERTIFICATE OR LICENSE (Please give details		ease give detailed
reasons - if necessary you may use an additional sheet of paper and attach to this application);			
			<u> </u>
			· · · · · · · · · · · · · · · · · · ·
7	there was a sea to a service of a falagra?	YES	NO
7. 8.	Have you ever been convicted of a felony?  Have you ever been convicted of a crime or offense, felony or misdemeanor related to the prac-		
	tice of medicine?	Marrows first to Married to American April 1970 and American	***************************************
9.	Have you ever been denied a state or federal controlled substances certificate?		
10.	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?	•	
11.	Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?		
12.	Have you 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?	~~~	**************************************
13.	Have you ever had a judgement rendered against you, or action settled relating to the performance of your professional service?		<b>***</b>
14.	Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?		
15.	Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner? <sup>1</sup>		
16.	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?		
17.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?		
18.			
19.	If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?		
20.	Have you been within the past five years, 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?	***************************************	
21.	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?		

'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.

(If the answer to any of these questions is YES give complete detailed and/or current status of charges on separate attachment.)

I hereby authorize the release of any information, favorable or otherwise concerning me, in your files to the Alabama Board of Medical Examiners. A photostat copy of this authorization shall be as valid as the original.

	Applicant's Signature
Please list below all states in which you have applied for licensure.	7
I hereby certify that the information contained herein is true and accurate to the b	est of my ability.
Date	Applicant's Signature
SWORN to and subscribed before me this day of _	
	Notary Public My Commission Expires:
Applicant's Social Security Number:	Pursuant to Ala. Code § 30-3-194, it is
mandatory that we request and that you provide your social s your SSN are limited to the purpose of administering the state	ecurity number (SSN) on this application. The uses of
identification purposes. If your SSN is not provided, your ap	plication is not complete, and no license will be issued.