

APA-2
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**ALABAMA STATE BOARD
OF MEDICAL EXAMINERS**

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X-7, Assistants to Physicians, Appendix K, Application for Reinstatement of Physician Assistant/Anesthesiologist Assistant License

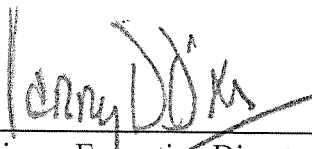
INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: To add a place for applicant to add social security number and birth date, 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 Director

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

APPLICATION FOR REINSTATEMENT OF
PHYSICIAN ASSISTANT/ANESTHESIOLOGIST ASSISTANT LICENSE

- 1. NAME _____
- 2. ADDRESS _____
- 3. INITIAL LICENSE NUMBER _____ ISSUED _____
- 4. DATE OF REVOCATION/SUSPENSION/SURRENDER OF LICENSE: _____
- 5. SOCIAL SECURITY NO.*: _____ DATE OF BIRTH: _____

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.

- 56. REASONS FOR REVOCATION/SUSPENSION/VOLUNTARY SURRENDER OF LICENSE (Please give detailed reasons - if necessary you may use an additional sheet of paper and attach it to the application): _____

| | YES | NO |
|---|-------|-------|
| 1. Have you ever been convicted of a felony? | _____ | _____ |
| 2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? | _____ | _____ |
| 3. Have you ever been convicted of any violation of a state <u>or</u> federal law relating to controlled substances? | _____ | _____ |
| 4. Have you ever been denied a state or federal controlled substance certificate? | _____ | _____ |
| 5. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority? | _____ | _____ |
| 6. Has your certification or license to practice as a physician assistant in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered while under investigation in any state? | _____ | _____ |
| 7. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation? | _____ | _____ |
| 2. Have you ever been denied a certification or license to practice as a physician assistant in any state or has your application for certification or for a license to practice as a physician assistant been withdrawn under threat of denial? | _____ | _____ |
| 3. Have you ever had a judgment rendered against you or action settled relating to the performance of your professional service? | _____ | _____ |
| 4. Are you currently registered, certified to or working for any other primary supervising physician in another state? ie Are you presently working as a physician assistant? If so, answer yes. If YES, <u>attach a list</u> with name and principal practice location of each primary | _____ | _____ |

supervising physician to whom you are certified. In addition, state your designated working hours per week for each physician listed.

5. Have you ever been certified as a physician assistant by the Alabama Board of Medical Examiners in the past?

If YES, please list names of physicians in the spaces provided.

6. Within the past two years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

7. 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?

8. 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?

9. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?

10. Are you currently engaged in the illegal use of controlled dangerous substances?¹

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?

YES _____ NO _____

11. 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?

12. 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?

¹ 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 an assistant to 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 hold or have applied for licensure:

I hereby certify that the information contained herein is true and accurate to the best of my ability.

Date

Applicant's Signature

SWORN to and subscribed before me this ____ day of _____, 20____.

Notary Public
My commission expires: