

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners

Rule No. 540-X-3, Appendix A

Rule Title: Application for Certificate of Qualification to Practice Medicine in Alabama

New Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?

NO

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 to the 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 action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?

NO

Does the proposed rule have an economic impact?

NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer



Date: February 20, 2019

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3 Appendix A – Application for Certificate of Qualification to Practice Medicine in Alabama

INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend question regarding criminal convictions to elicit additional information

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: Carla H. Kruger, Office of the 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 April 4, 2019. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Carla H. Kruger 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. Copies can also be obtained at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: April 4, 2019

CONTACT PERSON AT AGENCY: Carla H. Kruger


(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

540-X-3, Appendix A
Application for Certificate of Qualification
to Practice Medicine in Alabama

Alabama Board of Medical Examiners
PO Box 946
Montgomery AL 36101
848 Washington Avenue - 36104
(334) 242-4116

Under Alabama law, this document is a public record and will be provided upon request.

To the Alabama Board of Medical Examiners:

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

Type in the following:

Name in full (First, Middle, Last, M.D./D.O)

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (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)

Sex

Telephone (H)

Telephone (W)

Answer yes or no (If any below answers are in the affirmative, please explain in detail and provide the complete name and address of any state board, hospital, psychiatrist/psychologist etc.):

1. Have you ever been convicted of a felony? (If yes, please provide the name of the court of record or a copy of the record of conviction)

21. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction)

32. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction)

3. Have you ever been cited for, charged with, or convicted of any violation of any law, felony or misdemeanor (excluding minor traffic violations such as speeding and

parking tickets), or are you required to register as a sex offender for any reason? (If yes, please provide the name of the agency, jurisdiction, and/or court along with the case number and incident date). NOTE: Include felony and misdemeanor criminal matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

4. Have you ever been denied a state or federal controlled substance certificate?
5. 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?
6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
7. Have you ever 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?
8. Have you ever had a judgment rendered against you, or action settled relating to performance of your professional service?
9. To your knowledge, are you the subject of an investigation by any licensing board/agency as of the date of this application?
10. 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?
11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
12. Are you currently* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Physician Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama).
If you answer "Yes," then a description is required.

IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

*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.

13. Within the past five years, have you been 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?

14. 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?

15. Have you ever been placed on academic or disciplinary probation by a medical school or postgraduate program?

16. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?

17. Were you notified in writing that there were limitations or special requirements imposed on you because of questions of academic or clinical incompetence, disciplinary problems, or any other reason during your medical education or postgraduate training?

Please provide the following information:

Place of intended residence in Alabama

Pre-Medical education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred

Medical education: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

Post-graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

Specialty(s): (choose from list)

Specialty board certification: Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? If yes, have your specialty board send verification to the Board.

Original full license (if applicable): Provide name of state/territory, date issued, license number, and examination taken.

Original full license (if applicable): Has this license been the subject of any disciplinary action? If yes, please provide summary and supporting documentation.

Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.

Hospital privileges: List all hospitals where you have held staff privileges of any type, providing dates, hospital names, and complete addresses.

State licensure: List all states where you have been licensed to practice medicine. It is a requirement that each state provide a written verification directly to the Board. List all licenses including training or educational licenses. Please note: training and educational licenses do not require a written verification.

SPEX: Have you successfully completed a written licensing examination within the last ten years?

Have you been certified or re-certified within the past ten years by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?

Affidavit and release:

I, [name prints here], certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information. I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Applicant's signature

Notarization

Photograph

Under Alabama law, this document is a public record and will be provided upon request.

The Alabama Board of Medical Examiners will enforce the Board's rules and options for the issuance of Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.

Rev. 04/18

Print application, sign in presence of Notary Public, attach color picture, and return original to the Alabama Board of Medical Examiners.

Alabama Board of Medical Examiners
PO Box 946, Montgomery AL 36101
848 Washington Ave 36104
licensing@albme.org

Medical School Certification
Certificate of Dean or President

It is hereby certified that [applicant name] matriculated in [medicine/osteopathy] at [name of school] from [start date] to [end date] and received a diploma conferring the degree of Doctor of Medicine/Osteopathy on [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please mark the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Type Name

Signature of Registrar or Dean

Instructions to individual completing this form: Please fill in all applicable places and return to the Alabama Board of Medical Examiners at the above physical or email address (email must originate from school/institution domain). Please do not send this certification back to the applicant because the Board will not consider this certificate unless it is received directly from the institution.

Alabama Board of Medical Examiners
PO Box 946, Montgomery AL 36101
848 Washington Ave 36104
licensing@albme.org

Post Graduate Education Certificate
Certificate of Post Graduate Education Training

I, [name], [Administrator/Medical Education Director/Director of Residency Training Program] of [school/institution], certify that the records of this Program show that [applicant name] is currently enrolled in the [1st/2nd/3rd] year of post graduate training OR has successfully completed [number] year/years of post graduate training* in this program from [date] to [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that he/she was ever notified in writing that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical competence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Type name

Signature of [Administrator of Hospital/Medical Education Director/Director of Residency Training]

Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified

Candidates who graduated from a non-LCME accredited medical school or non-AOA accredited College of Osteopathy need three (3) years certified.

**has completed _____ years of post graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

Instructions to individual completing this form: Please fill in all applicable places and return to the Alabama Board of Medical Examiners at the above physical or email address (email must originate from school/institution domain). Please do not send this certification back to the applicant because the Board will not consider this certificate unless it is received directly from the institution.

Use this form to request verification of other state licenses

(State) Medical Board:

I am applying for a license to practice medicine in the state of Alabama. The Alabama Board of Medical Examiners requires that your Board submit a written verification of my license in your state.

This is your authority to release information in your files, favorable or otherwise, to the Alabama Board of Medical Examiners, PO Box 946, Montgomery AL 36101, email licensure@albme.org.

[Full name]

License number/date issued:

Signature:

Declaration of citizenship:

ALABAMA BOARD OF MEDICAL EXAMINERS

DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN

ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code §§ 31-13-1, et. seq., prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Ala. Code §§ 31-13-1, et. seq., also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for licenses or permits.

SECTION I -- APPLICANT INFORMATION

Name:

Date of birth:

MD / DO / PA License Number (if applicable):

SECTION II -- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (choose one) Yes No

If you answered YES: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered No: Complete Sections III and IV.

Name of document provided: _____

SECTION III -- ALIEN STATUS

Are you an alien lawfully present in the United States? Yes No

If you answered Yes: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States, (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered No: Complete Section IV.

Name of document provided: _____

SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary action.

Date

Upload supporting documentation

LIST A

DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

- (1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver's identification card that the person has provided satisfactory proof of United States citizenship.
- (2) The applicant's birth certificate that satisfactorily verifies United States citizenship.
- (3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.
- (4) The applicant's United States naturalization documents or the number of the certificate of naturalization.
- (5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.
- (6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.

- (7) The applicant's consular report of birth abroad of a citizen of the United States of America.
 - (8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
 - (9) The applicant's certification of report of birth issued by the United States Department of State.
 - (10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
 - (11) The applicant's final adoption decree showing the applicant's name and United States birthplace.
 - (12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.
 - (13) An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.
- Ala. Act #2011-535, Section 30(c) and Section 29(k).

LIST B

DOCUMENTS INDICATING STATUS OF QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or Unexpired Temporary I-551 stamp in foreign passport or on * I Form-94.

Asylee

* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;

* Form I-688B (Employment Authorization Card) annotated "274.a12(a)(50);

* Form I-766 (Employment Authorization Document) annotated "A5";

Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or Order of an immigration judge granting asylum.

Refugee

* Form I-94 annotated with stamp showing admission under § 207 of the INA;

* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3); or

* Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for at Least One Year

* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

Alien Whose Deportation or Removal Was Withheld

* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10);

* Form I-766 (Employment Authorization Document) annotated "A10"; or

Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Document) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban / Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;

Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7;

or

Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty
U.S. Citizenship and Immigration Service petition and supporting documentation

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-70

History: Repeal and replace approved November 16, 2017. Repeal and replace filed February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: February 20, 2019.