



ALABAMA STATE BOARD  
OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X-10, Appendix D, Office-Based Surgery/Procedures  
Physician Registration Form

INTENDED ACTION: To amend the Appendix

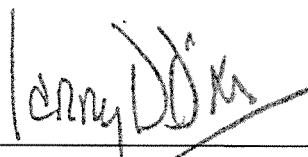
SUBSTANCE OF PROPOSED ACTION: To amend the appendix to elicit information about specific procedures performed, performance of tumescent liposuction and performance of procedures using propofol and obtain certification that registrant has read and meets the requirements set forth in the rules governing office based surgery.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments, orally or in writing, concerning the proposed new rules. For written submissions, submit to: Patricia E. Shaner, Office of General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, 848 Washington Avenue (36104), 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, September 2, 2011.

**For oral submissions, a public hearing to receive oral comments concerning the proposed rules is scheduled on Thursday, August 25, 2011, at 1:30 p.m., CDT, at the offices of the Board of Medical Examiners, 848 Washington Avenue, Montgomery AL 36104.** Persons wishing to obtain copies of the text of this rule should contact Patricia E. Shaner, Office of General Counsel, (334-242-4116), PO Box 946, 848 Washington Avenue (36104), Montgomery, Alabama 36101-0946, email [ckruger@albme.org](mailto:ckruger@albme.org), or obtain it from the Board's web site, [www.albme.org](http://www.albme.org).

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 4:30 p.m., September 2, 2011. All comments and requests for copies of the proposed rules should be addressed to the contact person listed below

CONTACT PERSON AT AGENCY: Patricia E. Shaner, Office of General Counsel,  
334-242-4116; PO Box 946, Montgomery, AL 36101-0946; 848 Washington Avenue,  
Montgomery, AL 36104



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Larry D. Dixon, Executive Director

ALABAMA BOARD OF MEDICAL EXAMINERS  
P. O. Box 946 – Montgomery, Alabama 36101  
848 Washington Avenue - 36104

OFFICE-BASED SURGERY / PROCEDURES  
PHYSICIAN REGISTRATION FORM

Name: \_\_\_\_\_ AL License # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

List specialty(s): \_\_\_\_\_  
\_\_\_\_\_

List all Specialty Board Certifications (from specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association):

\_\_\_\_\_  
\_\_\_\_\_

1. Do you perform any procedures in the office-based setting in which one or more of the following levels of anesthesia are utilized?

a. Moderate Sedation / Analgesia (“Conscious sedation”) - drug-induced depression of consciousness during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation.

No \_\_\_\_\_ Yes \_\_\_\_\_\*

\*If yes, list procedures performed: \_\_\_\_\_  
\_\_\_\_\_

b. Deep Sedation / Analgesia - drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation.

No \_\_\_\_\_ Yes \_\_\_\_\_\*

\*If yes, list procedures performed: \_\_\_\_\_  
\_\_\_\_\_

c. General Anesthesia - drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. Regional Anesthesia (“Major conduction blockade”) is considered in the same category as General Anesthesia.

No \_\_\_\_\_ Yes \_\_\_\_\_\*

\*If yes, list procedures performed: \_\_\_\_\_  
\_\_\_\_\_

*I (the physician) certify that I have read **Board Rules 540-X-10-.06 through .08** and meet the training requirements set forth in the Alabama Board of Medical Examiners’ Office-Based Surgery Rules for moderate sedation, deep sedation, and general anesthesia.*

No \_\_\_\_\_ Yes \_\_\_\_\_

2. Do you perform liposuction when infiltration methods such as the tumescent technique are used?

No \_\_\_\_\_ Yes \_\_\_\_\_\*

*\*If yes: I (the physician) certify that I have read **Board Rule 540-X-10-.10**, and I meet the requirements and standards set forth in **Board Rule 540-X-.08**.*

No \_\_\_\_\_ Yes \_\_\_\_\_

3. Do you perform any procedures in which propofol is administered, given, or used?

No \_\_\_\_\_ Yes \_\_\_\_\_\*

*If yes: I (the physician) certify that I have read and meet the requirements and standards set forth in **Board Rule 540-X-.08**.*

No \_\_\_\_\_ Yes \_\_\_\_\_

4. Do you perform any procedures which are outside of the core curriculum of your formal specialty training?

No \_\_\_\_\_ Yes \_\_\_\_\_\*

If your answer is "yes," state the training you have received which qualifies you to perform the procedure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your office currently accredited by one of the following organizations?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please check the appropriate answer:

- Accreditation Association for Ambulatory Health Care (AAAHC)
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

If your office is not currently accredited, do you plan to obtain accreditation within the next two years?

No \_\_\_\_\_ Yes \_\_\_\_\_

*I swear (affirm) that the information set forth on this Office-Based Surgery / Procedures Registration Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.*

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Alabama Medical License Number: \_\_\_\_\_