TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Depart	ment or Agency Alabama	a State Board of M	ledical Examiners
Rule No. <u>540-X-12</u> , Ap	pendix B		
Rule Little: Qualified	Alabama Controlled Subst	ances Registration	Certificate (QACSC)
New _	X Amend	Repeal	Adopt by Reference
Would the absence of the significantly harm or enhealth, welfare, or safet	danger the public		YES
Is there a reasonable rel state's police power and public health, safety, or	the protection of the		YES
Is there another, less res regulation available tha protect the public?	strictive method of t could adequately		NO
Does the proposed rule directly or indirectly indof any goods or services to what degree?	creasing the costs		NO
Is the increase in cost, it to the public than the hafrom the absence of the	rm that might result		NO
Are all facets of the rule designed solely for the pathey have, as their primprotection of the public	ourpose of, and so ary effect, the		YES
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	**************************************		**************************************
required to be accompar	an economic impact, the paid by a fiscal note prepart 41-22-23, <u>Code of Alaba</u>	red in accordance	with
**************************************		*******	**********
I certify that the attache compliance with the req	d proposed rule has been puirements of Chapter 22.	Title 41. Code of	Alabama 1975, and that it conforms to Division of the Legislative Reference
Signature of certifying of	fficer	\ <u>\</u>	m, DOK
Date: <u>July 22, 2013</u>		,	

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama State Board of Medical Examiners

RULE NO. & TITLE:

540-X-12, Qualified Alabama Controlled Substances Registration

Certificate (QACSC), Appendix B, Application for Renewal

of QACSC

INTENDED ACTION:

To amend the appendix

SUBSTANCE OF PROPOSED ACTION: To amend Appendix B to add "For Physician

Assistants" and correct language in "warning" box

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, 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 Wednesday, September 4, 2013. 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.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: September 4, 2013

CONTACT PERSON AT AGENCY:

Patricia E. Shaner

Larry D. Dixon, Executive Director

-RENEWAL- << RENEWALYEAR>> **QUALIFIED**

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

FOR PHYSICIAN ASSISTANTS Return Completed Application To:

WARNING: SECTION 20-2-5464, CODE OF ALABAMA 1975 (AS AMENDED) STATES THAT A REGISTRATION UNDER SECTION 20-2-54 TO MANUFACTURE, DISTRIBUTE OR DISPENSE A CONTROLLED SUBSTANCE—MAY BE SUSPENDED OR REVOKED BY THE CERTIFYING BOARDS UPON A FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN ANY APPLICATION FILED UNDER THIS ACT.

ALABAMA STATE BOARD OF MEDICAL EXAMINERS P.O. Box 946 • Montgomery, Alabama 36101 (334) 242-4116

<< ADDRESS 3>>

<<CITY>>, <<STATE>> <<ZIP>>

< <first name="">> <<last name="">> <<address 1="">> <<address 2="">></address></address></last></first>	RENEW ONLINE AT: http://www.alrenewals.org (We accept American Express, Visa, or MasterCard) Registration ID: < <registrationid>></registrationid>
Date	Signature of Applicant
I swear (affirm) that the information set forth in the Certificate is true and correct to the best of my kn	his application for Qualified Alabama Controlled Substances registration nowledge, information and belief.
QACSC NO. < <qacscnum></qacscnum>	>>Schedules Authorized Previous Year: < <schedules>></schedules>
FEE FOR THIS CERTIFICATE IS	S \$60.00. ENCLOSE YOUR CHECK WITH APPLICATION
* The term "currently" does not mean on the application. Rather, it means recently enough functioning as a physician assistant within the	day of, or even in the weeks or months preceding the completion of this a so that the condition referred to may have an ongoing impact on one's e last two years.
G. I certify that I have met the requir or equivalent regarding the prescri	rement to obtain four (4) AMA PRA Category 1 Credits TM ibing of controlled substances within the past two years()Yes () No
statutes require a DEA certificate of registrati	date
substance abuse, alcohol abuse, or way currently affects, or if untreate manner?*	or physical condition or impairment (including, but not limited to, mental, emotional, or nervous disorder or condition) which in any ed could affect, your ability to practice in a competent and professional
D. Have your staff privileges at any h manner for any reason related to the p	ospitals ever been suspended, restricted, revoked or disciplined in any prescribing or dispensing of controlled substances?() Yes () No
C. Has your Federal DEA registration	n ever been suspended, restricted or revoked?() Yes () No
B. Have you ever been convicted of a stance?	any state or federal crime relating to any controlled sub-
A. Has your privilege for dispensing of revoked or disciplined in any many	or prescribing controlled substances ever been suspended, restricted, ner in any state?() Yes () No
All applicants must answer the following must attach a complete explanation detail	questions. If the answer to questions A, B, C, D or E is yes, the applicant ling all facts and circumstances.