

APA-2
6/93

**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

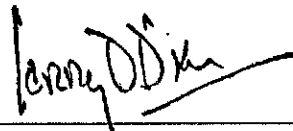
INTENDED ACTION: To amend the appendix

SUBSTANCE OF PROPOSED ACTION: To amend Appendix B to clarify that continuing education required for renewal of a QACSC shall be obtained through a Board approved course or courses

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 Friday, September 4, 2015. 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, 2015

CONTACT PERSON AT AGENCY: Patricia E. Shaner



Larry D. Dixon, Executive Director

-RENEWAL- <<RENEWALYEAR>>
QUALIFIED CONTROLLED
SUBSTANCES REGISTRATION CERTIFICATE
FOR PHYSICIAN ASSISTANTS

WARNING: SECTION 20-2-64, CODE OF ALABAMA 1975 (AS AMENDED) STATES THAT A REGISTRATION MAY BE SUSPENDED OR REVOKED BY THE BOARD UPON A FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN ANY APPLICATION.

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

All applicants must answer the following questions. If the answer to question A, B, C, D or E is yes, the applicant must attach a complete explanation detailing all facts and circumstances.

- A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, revoked or disciplined in any manner in any state? () Yes () No
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance? () Yes () No
- C. Has your Federal DEA registration ever been suspended, restricted or revoked? () Yes () No
- D. Have your staff privileges at any hospitals ever been suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances? ... () Yes () No
- E. 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?* () Yes () No
- F. Do you have a current registration to access the Alabama prescription drug monitoring database program (PDMP)? () Yes () No
- G. Do you have a current registration issued by the U. S. Drug Enforcement Administration? () Yes () No

Print DEA number and expiration date _____

- H. I certify that I have met the requirement to obtain, within the past two years, four (4) AMA PRA Category 1 Credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances within the past two years () Yes () No

* 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 assistant within the last two years.

FEE FOR THIS CERTIFICATE IS \$60.00. ENCLOSE YOUR CHECK WITH APPLICATION

QACSC NO. <<QACSCNUM>>Schedules Authorized Previous Year: <<SCHEDULES>>

I swear (affirm) that the information set forth in this application for Qualified Alabama Controlled Substances registration Certificate is true and correct to the best of my knowledge, information and belief.

Date _____ Signature of Applicant _____

<<FIRST NAME>> <<LAST NAME>>

RENEW ONLINE AT:
<http://www.alrenewals.org>

<<ADDRESS 1>>

<<ADDRESS 2>>

<<ADDRESS 3>>

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

(We accept American Express, Visa, or MasterCard)

Registration ID: <<REGISTRATIONID>>