

APA-1  
6/93

**TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION**

Control 540 Department or Agency Alabama State Board of Medical Examiners  
 Rule No. 540-X-18, Appendix B  
 Rule Title: Application for Renewal of Qualified Alabama Controlled Substances Registration Certificate (QACSC)  
 \_\_\_\_\_  
 \_\_\_\_\_ New  Amend \_\_\_\_\_ Repeal \_\_\_\_\_ Adopt by Reference \_\_\_\_\_

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

\_\_\_\_\_  
YES

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?

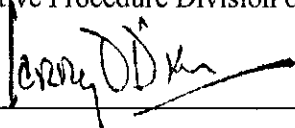
\_\_\_\_\_  
YES

\*\*\*\*\*  
 Does the proposed 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 Reference Service.

Signature of certifying officer \_\_\_\_\_  


Date: July 16, 2015

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-18, Appendix B, Application for Renewal of a Qualified Alabama Controlled Substances Certificate (QACSC)

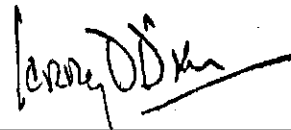
**INTENDED ACTION:** To amend the Appendix

**SUBSTANCE OF PROPOSED ACTION:** To amend the form to clarify that continuing education requisite for QACSC renewal (required every two years) must 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



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Larry D. Dixon, Executive Director

-RENEWAL- <<RENEWALYEAR>>

QUALIFIED  
CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE  
FOR CERTIFIED REGISTERED NURSE PRACTITIONERS  
AND CERTIFIED NURSE MIDWIVES

WARNING: SECTION 20-2-254. 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

Mailing Address:

Physical Address:

P.O. Box 946

848 Washington Ave.

Montgomery, AL 36101

Montgomery, AL 36104

(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 surrendered, 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 or alcohol abuse) 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 CRNP or CNM within the last two years.

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

QACSC NO. <<QACSCNO>>

Schedules Authorized: <<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 CRNP/CNM \_

(Original Signature Required)

CRNP/CNM License No.: \_

License Expiration Date: \_

ANCC/AANP Certification Date: \_

ANCC/AANP Certification Expiration: \_

<<NAME>>>

<<ADDRESS>>

RENEW ONLINE AT:

<http://www.alrenewals.org>

(We accept American Express, Visa, or MasterCard)