TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control <u>540</u> Departme Rule No. <u>540-X-19</u> , Appe	ent or Agency <u>Alabama</u>	State Board of Medica	al Examiners
Rule Title: <u>Initial Applica</u>			
New	X Amend	Repeal	Adopt by Reference
Would the absence of the significantly harm or enda health, welfare, or safety?	YES		
Is there a reasonable relatistate's police power and to public health, safety, or w	he protection of the		YES
Is there another, less restr regulation available that c protect the public?		·	NO
Does the proposed rule had directly or indirectly incre of any goods or services it to what degree?	easing the costs		NO
Is the increase in cost, if a to the public than the hard from the absence of the p	n that might result		NO
Are all facets of the rulen designed solely for the pu they have, as their primar protection of the public?	rpose of, and so		YES
*******	******	******	*********
Does the proposed rule ha	ave an economic impact	:?	NO
If the proposed rule has a required to be accompani subsection (f) of Section	ed by a fiscal note prepared	ared in accordance with	h
**************************************		*******	**********
I certify that the attached compliance with the requall applicable filing required.	irements of Chapter 22,	Title 41, Code of Alal	bama 1975, and that it conforms to sion of the Legislative Reference
Signature of certifying of	fficer	Janua DDK	
Date: <u>July 16, 2015</u>			

ALABAMA STÄTE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama State Board of Medical Examiners

RULE NO. & TITLE:

540-X-19, Appendix A, Initial Application

INTENDED ACTION:

To amend the rule appendix

<u>SUBSTANCE OF PROPOSED ACTION</u>: To amend the appendix pursuant to Act 2015-189 to delete the fee required for registration of additional locations where pain management services are provided.

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, 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 September 4, 2015. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact William F. Addison, 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. The rule amendment will also be available at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: September 4, 2015

CONTACT PERSON AT AGENCY: William F. Addison

Larry D. Dixon, Executive Director

540-X-19, Appendix A (Initial Application)

ALABAMA BOARD OF MEDICAL EXAMINERS

P. O. Box 946 – Montgomery, Alabama 36101 848 Washington Avenue – 36104

Application for Alabama Pain Management Registration

Separate registration required for each location where pain management services are provided

Name:		AL License #:					
Ad	ldress:	<u></u>					
Street		City	Š	State		ip	
Telephone:		Fax:]	Email:			
DF	EA Number:	DEA Expirat	ion Date:				
1.	Are you registered with (Attach copy of PDMP)		[] Yes	[] No	
2.	certificate denied, restri	ou ever had a controlled substance registration te denied, restricted or disciplined? The attach a summary of each action including the attach description of each action.			[] No	
3.	Have you ever had a disciplinary action taken against your medical license in Alabama or any other state? If yes, attach an explanation of the action, including the year, state and description of each action.] Yes	[] No	
ser	ease provide the following vices: (Attach additional cility Name:	g information for the above location pages if necessary)	n where you	provide pa	in ma	nagement	
DI.	oninal Addusses						
PII)	ysical Address: Street	City	·	State		Zip	
Ov	vners, Co-Owners, Opera	itors:					
Ful	ll Name of Medical Direc	ctor:				-	
		sicians providing pain management		his location	n;		
uut	and correct to the best of h	nation set forth on this application for A ny knowledge, information and belief. I site inspection of my records at any tim	also understa	Managemen	t Regis Board	stration form is of Medical	
Sig	nature of Physician:	Da	ite:				
)	Registration Fees: \$100.00	for first location; \$10.00 for each no ac				onal location	