TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department Rule No. 540-X-19, Appendi		State Board of Medical E	Examiners
Rule Title: Renewal Applica		,,	
	X Amend	Repeal	Adopt by Reference
Would the absence of the prosignificantly harm or endange health, welfare, or safety?	YES		
Is there a reasonable relations state's police power and the p public health, safety, or welfa	YES		
Is there another, less restrictive regulation available that could protect the public?			NO
Does the proposed rule have directly or indirectly increasi of any goods or services invoto what degree?	ng the costs	_	NO
Is the increase in cost, if any to the public than the harm the from the absence of the prop	nat might result	_	NO
Are all facets of the rulemak designed solely for the purpo they have, as their primary e protection of the public?	ose of, and so		YES
**************************************			**************************************
If the proposed rule has an e required to be accompanied subsection (f) of Section 41-	by a fiscal note prepa	red in accordance with	
**************************************		*********	*********
I certify that the attached procompliance with the require all applicable filing requirer Service.	ments of Chapter 22,	Title 41, Code of Alabar	na 1975, and that it conforms to n of the Legislative Reference
Signature of certifying offic	er	lora of	
Date: <u>July 16, 2015</u>			

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama State Board of Medical Examiners

RULE NO. & TITLE:

540-X-19, Appendix B, Renewal Application

INTENDED ACTION:

To amend the rule appendix

SUBSTANCE OF PROPOSED ACTION: To amend the appendix pursuant to Act No. 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

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

Application for Renewal of Alabama Pain Management Registration

Na	me:	: AL License #:						
Ad	ldress: Street	City	S	State	Z	ip		
Telephone:		Fax:		Email:				
DE	EA Number:	DEA Exp	DEA Expiration Date:					
1.	Do you provide pain m	anagement services at a hosp	ital? [] Yes	[] No		
	If yes, continue to num	ber 2 below.						
	If no, complete the following attestation:							
	I hereby attest that neither I nor the owner(s) of each of the locations where I provide pain							
ma	-	in the past year, been convict			•	•		
	<u>-</u>	es a misdemeanor, the facts of	-			•		
	egal prescribing of any c							
	- B I							
	Signature of Physician:	:	Date:	_ .				
		en convicted of a crime described i						
the	Board, after which the Boar	d, in its discretion, may approve of	r deny the registr	ation.				
2.		which the above licensee prov quried by Board rule 540-X-1	-	•	t servi [ces have a] No		
ъ.	, ,	e information set forth on thi						
		is true and correct to the best Board of Medical Examiners						
	cords at any time.	•	may conduct	in on site	шорс	onon or my		
	Signature of Physician	:	Date:					
	Registration Fees: \$100.00 to	for first location; \$10.00 for each	no additional cha	rge for each	n additi	onal location		