TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department or A Rule No. 540-X-1409	Agency <u>Alabama S</u>	tate Board of	Medical	Examiners
Rule Title:_Certification of Cor	mpliance			
New X		Repea	l	Adopt by Reference
Would the absence of the propos significantly harm or endanger the health, welfare, or safety?			_	YES
Is there a reasonable relationship state's police power and the protopublic health, safety, or welfare?			_	YES
Is there another, less restrictive n regulation available that could adprotect the public?				NO
Does the proposed rule have the directly or indirectly increasing to any goods or services involved to what degree?	he costs		-	NO
Is the increase in cost, if any, mo to the public than the harm that n from the absence of the proposed	night result		-	NO
Are all facets of the rulemaking produced solely for the purpose of they have, as their primary effect protection of the public?	f, and so		_	YES
**********	*****	******	*****	*******
Does the proposed rule have an e	conomic impact?			NO
If the proposed rule has an econo required to be accompanied by a subsection (f) of Section 41-22-2	fiscal note prepare	d in accordance	ce with	
**************************************		*******	*****	********
I certify that the attached propose compliance with the requirement all applicable filing requirements Service.	s of Chapter 22, Ti	tle 41, Code o		
Signature of certifying officer			Mn.	Mu
Date: May 25, 2012				La Sid

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama State Board of Medical Examiners

RULE NO. & TITLE:

540-X-14-.09, Certification of Compliance

INTENDED ACTION:

To amend the rule

SUBSTANCE OF PROPOSED ACTION: To amend the rule to allow licensees to certify that they have met or will meet the continuing medical

education requirement by Dec. 31

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, August 3, 2012. 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: August 3, 2012

CONTACT PERSON AT AGENCY:

Patricia E. Shaner

Larry D. Dixon, Executive Director

540-X-14-.09 Certification of Compliance. Every physician shall certify annually that he or she has met or will meet by December 31 the minimum annual continuing medical education requirement established pursuant to this Chapter. This certification will be made on a form provided on the annual license registration certificate application required to be submitted by every licensed physician on or before December 31st of each year. The certification shall be in the following form: (Check a or b) (____) I hereby certify that I have met or will meet by December 31 the (a) annual minimum continuing medical education requirement of twenty five (25) hours of AMA PRA Category 1 Credits™ or equivalent continuing medical education for the calendar year 20__ and have or will have supporting documentation if audited. (____) I certify that I am exempt from the minimum continuing medical education requirement for the following reason: (Check One) I do not reside in the State of Alabama and do not have a significant portion of my medical practice in the State of Alabama. I was exempt from the CME requirement for the previous calendar year 20___, and I moved my residence to the state of Alabama during the calendar year 20___. I received my initial license to practice medicine in Alabama in the calendar year 20___. I have obtained a retirement waiver from the Board of Medical Examiners, and I do not engage in the practice of medicine in any form. I have obtained a waiver from the Board of Medical Examiners due

	to illness, disability or other hardship condition which existed in the
	calendar year 20
()	I am enrolled or was enrolled in a residency training program or a
	clinical fellowship during the calendar year 20
()	I am exempt from the CME requirement for the calendar year 20
	because I am a member of a branch of the armed services and I
	was deployed for military service in the calendar year 20

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Alabama 1975, §34-24-53 & Act 89-244.
History: Adopted: October 17, 1990. Filed: November 2, 1990. Effective Date: October 1, 1991. Amended/Approved For Publication:
March 20, 1996. Approved/Adopted: May 15, 1996. Effective Date: June 24, 1996. Approved For Publication: September 15, 1999. Comment Period Ends: December 6, 1999. Adopted: December 15, 1999. Filed: December 16, 1999. Effective Date: January 20, 2000. Repealed and Replaced/Approved: January 21, 2004, Effective Date: May 28, 2004. Amended/Approved: September 16, 2009. Effective Date: December 23, 2009. Amended/Approved: January 20, 2010. Effective Date: April 15, 2010. Amended/Approved: May 16, 2012.