



APA-2  
6/93

ALABAMA MEDICAL LICENSURE COMMISSION

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. & TITLE: 545-x-5-.09 Certification of Compliance

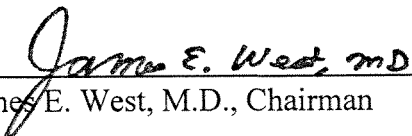
INTENDED ACTION: To amend rule 545-x-5-.09

SUBSTANCE OF PROPOSED ACTION: To amend rule to eliminate the continuing medical education grace period. To eliminate obtaining continuing medical education as a condition precedent to renewing a medical license.

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: Karen H. Silas, Executive Assistant, Alabama Medical Licensure Commission, Post Office Box 887, Montgomery, Alabama 36101-0887, 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 and submit data, views or comments or arguments orally should contact Karen H. Silas, by telephone (334/242-4153) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: August 3, 2012

CONTACT PERSON AT AGENCY: Karen H. Silas

  
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James E. West, M.D., Chairman

**545-X-5-09 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)

(a)  I hereby certify that I have met or will meet by December 31 the annual minimum continuing medical education requirement of twenty-five (25) hours of AMA PRA Category I Credits™ or equivalent continuing medical education for the calendar year 20\_\_ and have or will have supporting documentation if audited.

(b)  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 clinical fellowship program 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:** Wendell R. Morgan

**Statutory Authority:** Code of Ala. 1975, §34-24-311, Act 89-244.

**History:** Filed November 2, 1990; effective October 1, 1991.

**Amended:** Filed August 20, 1996; effective September 24, 1996. [Amended]  
Repealed and Replaced January 28, 2004.

Adopted as an Emergency Rule effective January 30, 2004

Repeal and Replace Approved for Publication, January 28, 2004

Filed January 30, 2004; Effective May 28, 2004

**Amended:** Approved for Publication January 27, 2010.

**Filed:** February 4, 2010; Final Approval April 28, 2010; Filed May 5, 2010;  
Effective Date June 9, 2010

**Amended:** Adopted as an Emergency Rule filed/effective May 25, 2012  
Approved for Publication May 23, 2012, Filed May 25, 2012