

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-19, Appendix B

Rule Title: Renewal Application

_____ 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 Lenny DDK

Date: June 19, 2014

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

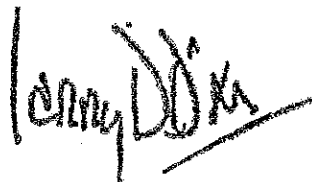
INTENDED ACTION: To amend the rule appendix

SUBSTANCE OF PROPOSED ACTION: To amend the appendix to reduce the fee required for registration of additional locations where pain management services are provided and to make clarifying modifications to the form.

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 Monday, August 4, 2014. 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: August 4, 2014

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

Name: _____ AL License #: _____

Address: _____
Street City State Zip

Telephone: _____ Fax: _____ Email: _____

DEA Number: _____ DEA Expiration Date: _____

1. Do you provide pain management services at a hospital? [] Yes [] No

If yes, continue to number 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 management services has, in the past year, have either you or the owner(s) of each location where you provide pain management services been convicted of or pled nolo contendere to a felony or an offense that constitutes a misdemeanor, the facts of which relate to the distribution or illegal prescribing of any controlled substance?* [] Yes [] No

Signature of Physician: _____ Date: _____

**Any applicant who has been convicted of a crime described in this paragraph may request an interview before the Board, after which the Board, in its discretion, may approve or deny the registration.*

2. ~~Hereby certify that~~ Does each location at which I the above licensee provides pain management services ~~has~~ have a medical director as required by Board Rule 540-X-19-.04:?
[] Yes [] No

~~Additionally,~~

I swear (affirm) that the information set forth on this application for renewal of Alabama Pain Management Registration is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection of my records at any time.

Signature of Physician: _____ Date: _____

Registration Fees: \$100.00 for first location; \$10.00 for each additional location