APA-1
6/93

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 545 Department or Agency Alabama Medical Licensure Commission
Rule No. Chapter 2, Appendix B
Rule Title: Alabama Medical License Renewal Application
_______ New X 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 James E. West, MD

Date: 3/2/12

APA-2
6/93

ALABAMA MEDICAL LICENSURE COMMISSION

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. & TITLE: Chapter 2, Appendix B, Alabama Medical License Renewal Application

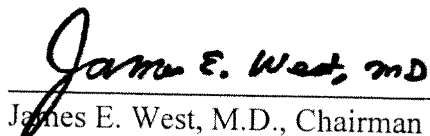
INTENDED ACTION: To amend Chapter 2, Appendix B

SUBSTANCE OF PROPOSED ACTION: To amend the appendix to collect information regarding specific procedures performed by physicians in office settings.

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 Monday, May 7, 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: May 7, 2012

CONTACT PERSON AT AGENCY: Karen H. Silas



James E. West, M.D., Chairman

CHAPTER 2--APPENDIX B
Appendix B/Ch. 2

20__ Alabama Medical License Renewal Application

Deadline is December 31, 20__

Fees:
Renewal Fee $300: October 1 – December 31
Late Fee $100 plus Renewal Fee $300 (Total $400): January 1 – January 31
(After January 31 – Reinstatement is required)

Renew Online @ ________________________

FAILURE TO RENEW THIS LICENSE TO PRACTICE MEDICINE OR OSTEOPATHY BY JANUARY 31 WILL RESULT IN LICENSE BECOMING INACTIVE WITHOUT FURTHER NOTICE

Medical Licensure Commission of the State of Alabama
Post Office Box 887
Montgomery, Alabama 36101-0887
334/242-4153

Complete Both sides including signature
Correct or supply all information
Return with $300.00 renewal fee
Incomplete applications will be returned
Failure to Renew this License to Practice Medicine or Osteopathy by January 31 will Result in License Becoming Inactive Without Further Notice.

NAME
BUSINESS NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE, ZIP

Use Only for Change of Mailing Address
____
____
____

License#
Issue Date:

Office Address:
Address Line 1
Address Line 2
City, State, Zip

(Alabama) County:
Business Phone:

Home Address:
Address Line 1
Address Line 2
City, State, Zip

(Alabama) County:
Home Phone:

Fax Number:

Primary Specialty: Board Certified: Yes[ ] No[ ]
Secondary Specialty: Board Certified: Yes[ ] No[ ]

Form of Practice: [ ] Resident [ ] Intern [ ] Fellowship [ ] Solo [ ] Partnership (2, 3, or 4)
[ ] Group
Group Name:

Primary Hospital where you have staff privileges:
City/State:

Are you licensed in another state: Yes [ ] No [ ] If yes, please list: [ ] [ ] [ ] [ ] [ ]

1. Are you actively engaged in clinical practice in the State of Alabama?
Yes [ ] Answer Questions 2 through 7
No [ ] Answer Question 2 only

2. What is your principal county of practice? (indicate state if principal county is not in Alabama)

Other county(ies) of practice? (indicate state, if counties are not in Alabama)
Check "None" if you only practice in the indicated principal county.[ ] None

~~3. Do you have a current collaborative agreement with a nurse practitioner or midwife?~~
~~[ ] Yes~~
~~[ ] No~~

~~4. Do you currently conduct office based surgery involving the administration of parenteral medication for analgesia/sedation, general anesthesia or major regional block anesthesia?~~
3. Do you currently perform/offer to perform any office based surgery/procedure which requires 1) moderate sedation, deep sedation, or general anesthesia; 2) liposuction when infiltration methods such as the tumescent technique are used; or 3) any procedure in which propofol is administered, given or used?
[ ] Yes [ ] No

Primary Care Information
Primary care is defined as: Basic or general health care focused on the point at which a patient ideally first seeks assistance from the medical care system, exclusive of an emergency situation.

~~5~~ 4. Does your practice include the delivery of primary care medical services in Alabama?

[ ] Yes, Answer Questions ~~6~~ 5 and ~~7~~ 6
[ ] No, Do not answer Questions ~~6~~ 5 and ~~7~~ 6

~~6.~~ 5. Approximately how many hours per week do you practice the above defined primary care services in Alabama?
Approximately ____________ hours per week

~~7.~~ 6. Approximately how many patient encounters (office, hospital, ER, etc.) per week do you have involving the above defined primary care services in Alabama?
Approximately _____________ encounters per week.

CME Certification: (Check one)
(a) [ ] I hereby certify that I have met the annual minimum continuing education requirement of 25 hours of AMA PRA Category I Credits™ or equivalent continuing medical education for the calendar year 20___ and 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___.

	YES	NO
1. Have you been charged with any offense (felony or misdemeanor) within the past year?	[ ]	[ ]
2. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation within the past year?	[ ]	[ ]
3. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice, within the past year?	[ ]	[ ]
4. Have you been denied a certificate of qualification or license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial within the past year?	[ ]	[ ]
5. Have you had a judgment rendered against you, or action settled relating to the performance of your professional service within the past year?	[ ]	[ ]

6. To your knowledge, are you the subject of an investigation, or has a formal complaint against your license been filed by any licensing Board/Agency as of the date of this application within the past year? [ ] [ ]

7. Within the past year, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? [ ] [ ]

8. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner or, within the past year, have you applied for and/or have you received any payment or other compensation for any mental or physical condition? [ ] [ ]

9. Within the past year, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority? [ ] [ ]

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? [ ] [ ]

11. Have you engaged in the illegal use of controlled dangerous substances within the past twelve months? [ ] [ ]

12. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? [ ] [ ]

13. Have you been, within the past year, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving? [ ] [ ]

14. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation or maternity leave? [ ] [ ]

The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough that the condition referred to may have an ongoing impact on one's functioning as a physician, or within the past two years.

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE INCLUDE A DETAILED EXPLANATION WITH YOUR APPLICATION

I certify that all information on this form is correct.

______________________________Signature ___________ Date

- Complete both sides, including signature.
- Correct or supply all information.
- Incomplete application will be returned.

Return with $300.00 renewal fee to:
Medical Licensure Commission
P.O. Box 887
Montgomery, AL 36101-0887

Author:
Statutory Authority: Code of Alabama 1975
History: Amended: Filed July 1997; effective August 27, 1997. **Amended**: Filed March 4, 2003; effective April 8, 2003.
Amended: Approved for Publication January 28, 2004
Filed: January 30, 2004
Approved for Adoption: April 21, 2004; **Effective Date:** May 28, 2004
Repeal and Replace: Approved for Publication November 17, 2005; **Filed:** November 28, 2005
Approved for Adoption: February 22, 2006; **Filed:** February 27, 2006; **Effective Date:** April 3, 2006. **Amended/Approved:** August 22, 2007; Emergency Rule Effective September 4, 2007.
Approved for Adoption: November 28, 2007; Effective date January 4, 2007.
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