TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Rule No. <u>540-X-18</u> , Appendix B	al Examiners
Rule Title: Application for Renewal of Qualified Alabama Controlled Su	ubstances Registration Certificate
(QACSC)	
NewX Amend Repeal A	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
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
bots the proposed rate 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	1
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	1077
compliance with the requirements of Chapter 22, Title 41, Code of Alab all applicable filing requirements of the Administrative Procedure Divis	ion of the Logislative Reference
Service.	ion of the Legislative Reference
Mar. Mix	
Signature of certifying officer	
Date: October 1, 2013	
October 1, 2015	

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama State Board of Medical Examiners

RULE NO. & TITLE:

540-X-18, Appendix B, Application for Renewal of a Qualified

Alabama Controlled Substances Certificate (QACSC)

INTENDED ACTION:

To amend the Appendix

<u>SUBSTANCE OF PROPOSED ACTION</u>: To amend the form to add as questions regarding current registration with the Alabama Prescription Drug Monitoring Program and the U.S. Drug Enforcement Administration.

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 Thursday, December 5, 2013. 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: December 5, 2013

CONTACT PERSON AT AGENCY:

Patricia E. Shaner

Larry D. Dixon, Executive Director

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WARNING: SECTION 20-2-254. CODE OF ALABAMA 1975

(AS AMENDED) STATES THAT A REGISTRATION MAY BE

SUSPENDED OR REVOKED BY THE BOARD UPON A

FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN AN

APPLICATION.

-RENEWAL- <<RENEWAL YEAR>> QUALIFIED CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE FOR CERTIFIED REGISTERED NURSE PRACTITIONERS

AND CERTIFIED NURSE MIDWIFEVES

Return Completed Application To:

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Mailing Address:

Physical Address:

Montgomery, Alabama 36101

P.O. Box 946 848 Washington Ave Montgomery, AL 36104 (334) 242-4116

The applicant must answer the following questions. If the answer is "yes" for to questions A, B, C, D or E is yes, the applicant must attach a complete explanation detailing all facts and circumstances for each "yes" answer.	
A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, revoked or disciplined in any manner in any state?	0
B. Have you ever been convicted of any state or federal crime relating to any controlled substance?	0
C. Has your Federal DEA registration ever been suspended, restricted or revoked? () Yes () N	0
D. Have your staff privileges at any hospitals ever been surrendered, suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances?	
E. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse or alcohol abuse) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner?* ()Yes () N	
F. Do you have a current registration to access the Alabama prescription drug monitoring database program (PDMP)?	
G. Do you have a current registration issued by the U.S. Drug Enforcement Administration?	
Print DEA number and expiration date NOTICE: To lawfully administer, dispense or prescribe controlled substances in the State of Alabama, federal and state statutes require a DEA certificate of registration and a Qualified Alabama Controlled Substances registration Certificate. Fo further information concerning federal requirements contact DEA, Metairie, LA, 800-882-9539.	
GH. I certify that I have met the requirement to obtain four (4) AMA PRA Category 1 Credits TM or equivalent regarding the prescribing of controlled substances within the past two years ()Yes () N	0
* The term "aurrently" does not many the	

* 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 so that the condition referred to may have an ongoing impact on one's functioning as a CRNP or CNM within the last two years.

FEE FOR THIS CERTIFICATE IS \$60.00. ENCLOSE YOUR CHECK WITH APPLICATION

QACSC NO. <<QACSCNUM>>Schedules Authorized Previous Year: <<SCHEDULES>>

I swear (affirm) that the information set forth in this application for Qualified Alabama Controlled Substances registration Certificate is true and correct to the best of my knowledge, information and belief.

Date:

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CRNP/CNM License No.: · ANCC Certification Date:

License Expiration Date: ANCC Certification Expiration:

<<FIRST NAME>> <<LAST NAME>>

<<ADDRESS 1>>

<<ADDRESS 2>>

<<ADDRESS 3>>

<<CITY>>, <<STATE>> <<ZIP>>

RENEW ONLINE AT:

http://www.alrenewals.org

(We accept American Express, Visa, or MasterCard)

Registration ID: <<REGISTRATIONID>>