

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-12, Appendix B

Rule Title: Renewal of a Qualified Alabama Controlled Substances Registration Certificate (QACSC)
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

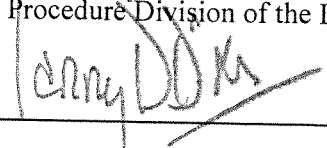
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

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 

Date: September 19, 2013

APA-2
6/93

**ALABAMA STATE BOARD
OF MEDICAL EXAMINERS**

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC), Appendix B, Application for Renewal of QACSC


INTENDED ACTION: To amend the appendix

SUBSTANCE OF PROPOSED ACTION: To amend Appendix B to add questions asking whether the applicant has registered with the Alabama prescription drug monitoring database program and has a current registration issued by 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 Monday, November 4, 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: November 4, 2013

CONTACT PERSON AT AGENCY: Patricia E. Shaner



Larry D. Dixon, Executive Director

-RENEWAL- <<RENEWALYEAR>>
QUALIFIED
CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE
FOR PHYSICIAN ASSISTANTS
Return Completed Application To:
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P.O. Box 946 • Montgomery, Alabama 36101
(334) 242-4116

WARNING: SECTION 20-2-64, 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 ANY APPLICATION.

All applicants must answer the following questions. If the answer to questions A, B, C, D or E is yes, the applicant must attach a complete explanation detailing all facts and circumstances.

- A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, revoked or disciplined in any manner in any state?.....() Yes () No
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance?.....() Yes () No
- C. Has your Federal DEA registration ever been suspended, restricted or revoked? () Yes () No
- D. Have your staff privileges at any hospitals ever been suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances? () Yes () No
- E. 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?* () Yes () No
- F. Do you have a current registration to access the Alabama prescription drug monitoring database program (PDMP)? () Yes () No
- FG. Do you have a current registration issued by the U. S. Drug Enforcement Administration? () Yes () No

Print DEA number and expiration date _____

GH. I certify that I have met the requirement to obtain four (4) AMA PRA Category 1 Credits™ or equivalent regarding the prescribing of controlled substances within the past two years ... () Yes () No

* 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 physician assistant 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 _____ Signature of Applicant _____

RENEW ONLINE AT:
<http://www.alrenewals.org>
(We accept American Express, Visa, or MasterCard)
Registration ID: <<REGISTRATIONID>>

<<FIRST NAME>> <<LAST NAME>>
<<ADDRESS 1>>
<<ADDRESS 2>>
<<ADDRESS 3>>
<<CITY>>, <<STATE>> <<ZIP>>