

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control 545 Department or Agency Alabama Medical Licensure Commission

Rule No. Appendix E/Chapter 2

Rule Title: Retired Senior Volunteer Program: Application for Renewal of License to Practice Medicine or Osteopathy

         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:         9/10/15

ALABAMA MEDICAL LICENSURE COMMISSION

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. & TITLE: Appendix E/Chapter 2, Retired Senior Volunteer Program:  
Application for Renewal of License to Practice Medicine or  
Osteopathy

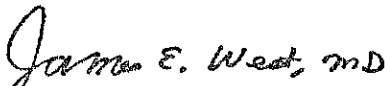
INTENDED ACTION: To amend Appendix E/Chapter 2

SUBSTANCE OF PROPOSED ACTION: To amend application for collection of more  
effective contact information and omit outdated  
questions on license renewal applications.

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 Tuesday,  
November 3, 2015. 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: November 3, 2015

CONTACT PERSON AT AGENCY: Karen H. Silas

  
\_\_\_\_\_  
James E. West, M.D., Chairman

**CHAPTER 2--APPENDIX E**  
**Appendix E/Ch. 2**  
**Retired Senior Volunteer Program: Application for Renewal of License to Practice**  
**Medicine or Osteopathy**

20XX Retired Senior Volunteer Program License Renewal Application

Deadline is December 31, 20\_\_  
Renew online @

Alabama Medical Licensure Commission of the ~~State of Alabama~~

Post Office Box 887

Montgomery, Alabama 36101-0887

334/242 -4153

**NO FEE REQUIRED TO RENEW THIS LICENSE**

Complete ~~Both sides~~ all pages including signature

Correct or supply all information

Incomplete applications will be returned

Failure to Renew this License will Result in License Becoming Inactive Without Further Notice  
Under the Restrictions of the Retired Senior Volunteer Program

*Under Alabama law, this document is a public record and if requested it will be provided in its entirety.*

NAME Physical Home Address (No PO Box)

BUSINESS NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY, STATE, ZIP

(Alabama) County:

Home TelePhone:

Home Email

Physical Practice/Work Address: (No PO Box) Mailing Address: (For Official Correspondence Only)

Address Line 1

Address Line 1

Address Line 2

Address Line 2

City, State, Zip

City, State, Zip

(Alabama) County:

Practice/Work Phone:

Work Email

**Please choose which address you would like to be your PUBLIC Address. The public address will be the address given out if an address is requested.**

Home Address

Mailing Address

Practice/Work Address

Primary Specialty: \_\_\_\_\_ Board Certified: Yes  No

Secondary Specialty: \_\_\_\_\_ Board Certified: Yes  No

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 7-6

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 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.

4. Does your practice include the delivery of primary care or mental health services (OB/GYN, general medicine, family medicine, general pediatrics, general internal medicine, general psychiatry or child psychiatry)? \_\_\_\_\_

Yes, Answer Questions 5 and 6

No, Do not answer Questions 5 and 6

5. Approximately how many hours per week do you perform direct patient care in your office, involving the above defined primary care or mental health services in Alabama?

Approximately \_\_\_\_\_ hours per week

6. Approximately how many patient office visits per week do you have involving the above defined primary care or mental health services in Alabama?

Approximately \_\_\_\_\_ office visits per week.

**CME Certification: (Check one)**

(a)  I hereby certify that I have met or will meet by December 31 the annual minimum continuing education requirement of 25 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:

**(Must Check One if "b" is selected above)**

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\_\_.

**Professional Responsibility Certification**

YES

NO

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

*have an ongoing impact on one's functioning as a physician, or within the past two years.)*

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 or for any sexual boundary violation?

11. Have you engaged in the unauthorized use of controlled substances within the past twelve months?

12. Are you currently participating in the Alabama Physician's Health Program or any supervised rehabilitation program which monitors you in order to assure that you are not engaging in the unauthorized use of controlled substances or alcohol?

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. Within the past year 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?

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

Return Application To:

Medical Licensure Commission

P.O. Box 887

Montgomery, AL 36101-0887

**Author:** Alabama Medical Licensure Commission

**Statutory Authority:** Code of Alabama 1975

**History:**      **Approved** June 23, 2004. **Filed as Emergency Rule** July 1, 2004  
                  **Approved for publication** June 23, 2004; **Filed** July 1, 2004  
                  **Adopted** September 22, 2004; **Effective** November 1, 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 for Publication January 27, 2010.  
                  **Filed:** February 4, 2010; Final Approval April 28, 2010; Filed May 5, 2010;  
                  Effective Date June 9, 2010  
                  **Adopted** as Emergency Rule September 26, 2012; Filed/Effective October 3, 2012  
                  **Amended:** Approved for Publication September 26, 2012; Filed October 18, 2012  
                  **Adopted:** December 19, 2012; Filed January 15, 2013; Effective February 20, 2013  
                  **Amended & Adopted:** ER August 27, 2014; Filed ER September 3, 2014  
                  **Amended & Approved for Publication:** August 27, 2014; Filed w/LR September  
                  4, 2014. Adopted November 20, 2014; Final File LR November 26, 2014; Effective  
                  January 1, 2015  
                  **Amended:** Approved for Publication August 31, 2015; Filed September 10, 2015