TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 545 Department or Agency Alabama N	Medical Licensure Commission
Rule No. <u>545-X-6</u> , Appendix B Rule Title: <u>Application For Renewal of a Special</u>	Purpose License
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?	<u>NO</u>
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	? <u>NO</u>
If the proposed rule has an economic impact, the prequired to be accompanied by a fiscal note prepared to be accompanied to	red in accordance with
subsection (f) of Section 41-22-23, <u>Code of Alaba</u> ***********************************	a <u>ma 1975</u> . ************************************
Certification of Authorized Official I certify that the attached proposed rule has been proposed compliance with the requirements of Chapter 22, Title 41, Cefiling requirements of the Administrative Procedure Division	ode of Alabama 1975, and that it conforms to all applicable
Signature of certifying pfficer fam. E. Le	leat mo
Date: 9/0/15	

ALABAMA MEDICAL LICENSURE COMMISSION

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama Medical Licensure Commission

RULE NO. & TITLE:

545-X-6, Appendix B: Application for Renewal of a Special

Purpose License

INTENDED ACTION:

To amend 545-X-6, Appendix B

SUBSTANCE OF PROPOSED ACTION:

To amend application for collection of more

effective contact information.

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

20XX Special Purpose License Renewal <u>Application</u> Deadline is December 31, 20 <u>Renew online @</u>

Mailing Address: (For Official Correspondence Only)

State of Alabama Medical Licensure Commission P.O. Box 887 Montgomery, Alabama 36101-0887 334-242-4153

Renewal Fee: \$300

Fallure to renew this license will recomb the current license becoming inactive and you must reapply to the Alabama Board of Medical Examiners for a new certificate of qualification.

FAILURE TO RENEW THIS LICENSE BY DECEMBER 31 WILL RESULT IN LICENSE BECOMING INACTIVE WITHOUT FURTHER NOTICE
License: SP.
Under Alabama law, this document is a public record and if requested it will be provided in its entirety.
Physical <u>Home</u> Address (No PO Box)
City, State, Zip:
(Alabama) -County:
Home Telephone: () Home Email
Specialty: Primary: Board Certified: Yes [] No [] Secondary: Board Certified: Yes [] No []
Are you licensed in another state: Yes [] No [] Please list Which ones: [] [] []
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
PRACTICE INFORMATION
Physicial Practice/Work Address (No Po Box)
City, State, Zip:
(Alabama) County:
Practice/WorkTelephone: ()
Practice/Work Email
Primary Hospital where you have staff privileges:
Name: City/State:

Professional Responsibility Certification

•		Yes	No	
 Has your certificate of quasuspended, revoked, restrict suspension or revocation or 	alification or license to practice ned, curtailed or voluntarily surrer disciplined in any manner?	nedicine in any st ndered under thre	ate been at of [] []	
in any state or has your a	ed a certificate of qualification or pplication for a certificate of qualeen withdrawn under threat of de	lification or licens	ice medicine se to practice [] []	
3. Has a disciplinary action to practice medicine or o	been initiated in any state in whic steopathy?	ch you currently h	nold a license	
IF ANY OF THE ABOVE ANSWE AN ATTACHED SHEET.	RS ARE IN THE AFFIRMATIVE, P	LEASE EXPLAIN	IN DETAIL O N	
IF YOU ANSWERED YES TO AN EXPLANATION WITH YOUR AP	IY OF THE ABOVE QUESTIONS, I PLICATION	PLEASE INCLUDE	A DETAILED	
I certify that all information on this form is correct				
	Signature		Date	
• Make Sure to Sign and Date Application			•	
· Correct or Supply All Information				
 Incomplete Application will be returned 				
• Return with \$300 renewal fee to:	Medical Licensure Commission			
	P.O. Box 887			

Be sure to check all information and make changes where applicable.

Montgomery, Alabama 36101-0887

Author: Alabama Medical Licensure Commission

Statutory Authority: Code of Alabama 1975: §34-24-337

Amended: September 26, 2012; Filed as Emergency Rule 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

545-X-6, Appendix B - Application for Renewal of a Special Purpose License

Amended: Approved for Publication August 31, 2015; Filed September 10, 2015