

MINUTES
Monthly Meeting
MEDICAL LICENSURE COMMISSION OF ALABAMA
Meeting Location: 848 Washington Avenue
Montgomery, Alabama 36104

December 18, 2024

MEMBERS PRESENT IN PERSON

Jorge Alsip, M.D., Chairman
Paul M. Nagrodzki, M.D., Vice-Chairman
Kenneth W. Aldridge, M.D.
Craig H. Christopher, M.D.
Howard J. Falgout, M.D.
L. Daniel Morris, Esq
Nina Nelson-Garrett, M.D

MEMBERS NOT PRESENT

Pamela Varner, M.D.

MLC STAFF

Aaron Dettling, General Counsel, MLC
Rebecca Robbins, Operations Director (Recording)
Nicole Roque, Administrative Assistant (Recording)
Heather Lindemann, Licensure Assistant

OTHERS PRESENT

Wes Stevenson, Esq.

BME STAFF

Anthony Crenshaw, Investigator
Rebecca Daniels, Investigator
Randy Dixon, Investigator
Amy Dorminey, Director of Operations
Alicia Harrison, Associate General Counsel
Chris Hart, Technology
Effie Hawthorne, Associate General Counsel
Wilson Hunter, General Counsel
Roland Johnson, Physician Monitoring
Christy Lawson, Paralegal
William Perkins, Executive Director
Ben Schlemmer, Investigator
Tiffany Seamon, Director of Credentialing



Call to Order: 9:00 a.m.

Prior notice having been given in accordance with the Alabama Open Meetings Act, and with a quorum of seven members present, Commission Chairman, Jorge Alsip, M.D. convened the monthly meeting of the Alabama Medical Licensure Commission.

OLD BUSINESS

Minutes November 25, 2024

Commissioner Falgout made a motion that the Minutes of November 25, 2024, be approved with changes as directed by the Commission. A second was made by Commissioner Morris. The motion was approved by unanimous vote.

NEW BUSINESS

Full License Applicants

| <u>Name</u> | <u>Medical School</u> | <u>Endorsement</u> |
|--------------------------------|---|---------------------------|
| 1. Alexandra Leigh Abangan | University of Alabama School of Medicine Birmingham | USMLE/OH |
| 2. Kelly Lynn Abbrescia | Philadelphia College of Osteopathic Medicine | COMLEX/PA |
| 3. Rachelle Samantha Alexander | University of Louisville School of Medicine | USMLE |
| 4. Alesha Christine Amerson | University of Alabama School of Medicine Birmingham | USMLE |
| 5. Muhammad L Akmal Anwer | Alfaisal University College of Medicine | USMLE/IL |
| 6. Liliana Arriola Montenegro | Los Andes Peruvian University Faculty of Human Medicine | USMLE |
| 7. Jose A Asturias Mayorga | Francisco Marraquin University | USMLE |
| 8. Lesley Ilene Balbirnie | All Saints University School of Medicine | USMLE |
| 9. Logan Curtis Bisset | Saba University School of Medicine | USMLE/NC |
| 10. Sarah Elizabeth Bouslog | University of South Alabama College of Medicine | USMLE |
| 11. Jon Michael Boyles | University of Mississippi School of Medicine | USMLE/NM |
| 12. Mack Bozman | University of Alabama School of Medicine Birmingham | USMLE |
| 13. David William Brandel | University of Illinois College of Medicine Chicago | USMLE/MI |
| 14. Rene Bredel | Charite University Berlin | USMLE |
| 15. Noor Buttar | Edward Via College of Osteopathic Medicine Auburn | COMLEX |
| 16. Noelani Arango Candelaria | Rocky Vista University College of Osteopathic Medicine | COMLEX/FL |
| 17. Ross Michael Canup | Uniformed Services University | USMLE/VA |
| 18. Manuel Jose Castellanos | Ibero-American University Dominican Republic | USMLE/NY |
| 19. Joseph Ronald Chitwood | Indiana University School of Medicine Indianapolis | USMLE |
| 20. Maximilian Sungho Choo | Edward Via College of Osteopathic Medicine Auburn | COMLEX |
| 21. Robert Michael Chory | Edward Via College of Osteopathic Medicine Auburn | COMLEX |
| 22. Zahara Chowdhury | University of Mississippi School of Medicine | USMLE |
| 23. Mimi Chung | Icahn School of Medicine at Mount Sinai | USMLE |
| 24. Megan Purcell Coffee | Harvard Medical School | USMLE/MA |

| <u>Name</u> | <u>Medical School</u> | <u>Endorsement</u> |
|----------------------------------|---|--------------------|
| 25. Carolee Grace Ruth Collier | University of Alabama School of Medicine Birmingham | USMLE |
| 26. William Robert Craig | Alabama College of Osteopathic Medicine | COMLEX |
| 27. Rhys Crasto | St Georges University of London | USMLE/NM |
| 28. Patrick Kelley Cutrell | University of South Alabama College of Medicine | USMLE |
| 29. Neelantha Menaka De Silva | New York Medical College | USMLE/CA |
| 30. Arielle Elisabeth Degueure | Louisiana State University Medical Center Shreveport | USMLE |
| 31. Allison Danielle Desforjes | Louisiana State University Medical Center Shreveport | USMLE |
| 32. Kelsey Rae Dombrowski | Alabama College of Osteopathic Medicine | COMLEX |
| 33. Hamza El Ayadi | University of Florida College of Medicine | USMLE |
| 34. Alina Farah | Alabama College of Osteopathic Medicine | COMLEX |
| 35. Mandana Farhadih Morales | Rosalind Franklin University of Medicine and Science | USMLE/IL |
| 36. Ana Paula Flores Rios | Francisco Marraquin University | USMLE |
| 37. Courtney L Floyd | Jefferson Medical College of Thomas Jefferson University | USMLE/PA |
| 38. Benjamin Valier Flueckiger | Indiana University School of Medicine Indianapolis | USMLE |
| 39. Robert Douglas Fowler | Memorial University of Newfoundland Faculty of Medicine | USMLE/NY |
| 40. Kevin Riley Gallagher | Alabama College of Osteopathic Medicine | COMLEX |
| 41. Gabriel C Gaviola | Georgetown University School of Medicine | USMLE/VA |
| 42. Kunj Arun Gor | N H L Municipal Medical College, Gujarat University | USMLE |
| 43. Jeffrey Louis Gould | Mayo Medical School | USMLE/CA |
| 44. Hunter Michael Green | Alabama College of Osteopathic Medicine | COMLEX |
| 45. Maris Claire Hardee | University of Mississippi School of Medicine | USMLE |
| 46. Serennah E Harding | Philadelphia College of Osteopathic Medicine Georgia Campus | COMLEX/VA |
| 47. Benjamin David Harman | Edward Via College of Osteopathic Medicine Auburn | COMLEX |
| 48. Kevon B Mark Hekmatdoost | American University of The Caribbean | USMLE/GA |
| 49. Hannah Ruth Howard | University of Alabama School of Medicine Birmingham | USMLE |
| 50. William Milton Hughes V | Augusta University | USMLE/MS |
| 51. Jesse Danielle Hunt | Edward Via College of Osteopathic Medicine Auburn | COMLEX |
| 52. Seth G Hunt | Lincoln Memorial Univ Debusk College of Osteopathic Med | COMLEX |
| 53. Esther Jieun Hwang | SUNY Stony Brook School of Medicine | USMLE/NY |
| 54. Sunpil Hwang | Seoul National University | USMLE |
| 55. Christopher Doyle Ingram | Western U of Health Sciences, College of Osteo Med of Pacific | COMLEX |
| 56. Tejeshwar Jain | All India Institute of Medical Sciences | USMLE |
| 57. Rupinder Kaur | Adesh Institute of Medical Sciences & Research | USMLE |
| 58. Nehan Adil Khan | Liaquat University of Medical & Health Sciences | USMLE |
| 59. Alena Rose Abouhana Kirstein | Nova Southeastern University College of Medicine | COMLEX |
| 60. Abigayle C Kraus | University of Alabama School of Medicine Birmingham | USMLE |
| 61. Jeffrey Clay Krout | University of South Alabama College of Medicine | USMLE |
| 62. Deepak Kumar | Liaquat University of Medical & Health Sciences | USMLE/MO |
| 63. Kyle Hugh Lancaster | Edward Via College of Osteopathic Medicine-Auburn campus | COMLEX |
| 64. Christian William Law | Eastern Virginia Medical School | USMLE |
| 65. Madison Bentley Lee | University of Alabama School of Medicine Birmingham | USMLE |
| 66. Mariam Atef Kamel Lobbous | Assiut University | USMLE |
| 67. Frederick Taylor Lynch | University of Colorado School of Medicine | USMLE/CA |
| 68. Stefania Markou | Lincoln Memorial Univ Debusk College of Osteopathic Med | COMLEX/FL |

| <u>Name</u> | <u>Medical School</u> | <u>Endorsement</u> |
|----------------------------------|--|--------------------|
| 69. Juan Gerardo Martinez | Edward Via College of Osteopathic Medicine Auburn | COMLEX/CO |
| 70. Roger Wayne May | West Virginia School of Osteopathic Medicine | COMLEX/KY |
| 71. Kevin Earl Meek | A T Still University School of Osteopathic Medicine | COMLEX |
| 72. Ahmed Ali Minhas | Baylor College of Medicine | USMLE/NV |
| 73. David Alex Monaco | University of Alabama School of Medicine Birmingham | USMLE |
| 74. Bradley James Musser | University of Iowa Carver College of Medicine | USMLE/TX |
| 75. Deepa Hulivana Nagaraju | J.J.M. Medical College Mysore University | USMLE |
| 76. Nicole E Nedella | Midwestern University Arizona College of Osteo Medicine | COMLEX/FL |
| 77. Emily Christine Ness | University of Alabama School of Medicine Birmingham | USMLE |
| 78. Ashley Nguyen | University of South Alabama College of Medicine | USMLE |
| 79. Tanner Cole Nielson | University of Mississippi School of Medicine | USMLE |
| 80. Matthew Allen Norris | Alabama College of Osteopathic Medicine | COMLEX |
| 81. Alexandra North | University of South Carolina School of Medicine | USMLE |
| 82. Ademola Adebayo Opanuga | Morehouse School Of Medicine | USMLE/GA |
| 83. Victor Manuel Ortiz Soriano | Cayetano Heredia University Peru | USMLE |
| 84. Robert Hays Osborne | University of Arkansas College of Medicine | USMLE |
| 85. Galina Ostrovsky | University of Mississippi School of Medicine | USMLE |
| 86. Sarah Lillian Pachtman | University of Kentucky College of Medicine | USMLE/NY |
| 87. Vibhu Parcha | Dr. Rajendra Prasad Government Medical College | USMLE |
| 88. Poonam Poonam | Peoples Medical College for Girls, Liaquat U of Med & Health Sci | USMLE/LA |
| 89. Muhammad Ahmer Qureshi | Saint James School of Medicine St. Vincent and the Grenadines | USMLE |
| 90. Liliana Rincon Alzate | Universidad De Caldas | USMLE/TN |
| 91. Jared Cory Robins | SUNY at Stony Brook Health Science Center School of Medicine | USMLE/NY |
| 92. Dorcus Ruhigisha | Medical University of the Americas (Nevis) | USMLE |
| 93. Mohammad S Taher Sabobeh | Hashemite University Faculty of Medicine | USMLE/MI |
| 94. Jean-Maurice Miranda Salcedo | American University of Antigua | USMLE/TN |
| 95. Kyauna Sharae Miller Sanders | Case Western Reserve University School of Medicine | USMLE/OH |
| 96. Aditya Aniruddha Sathe | Univ of Tennessee Health Science Center College of Medicine | USMLE |
| 97. Juhi Shah | TCU Burnett School of Medicine | USMLE |
| 98. Richard Joseph Sliva | University of Kansas School of Medicine | USMLE |
| 99. John Scott Stewart | Kirksville College of Osteopathic Medicine | COMLEX/MN |
| 100. Victoria Stowasser | University of South Carolina School of Medicine | USMLE |
| 101. Katharyn Lindborg Strong | Florida State University College of Medicine | USMLE |
| 102. Ellyn Elise Strother | Augusta University | USMLE |
| 103. Pariksha Subedi | Tribhuvan University | USMLE |
| 104. Alina Alexandrovna Teslenko | Alabama College of Osteopathic Medicine | COMLEX |
| 105. Haley Brooke Thigpen | University of Alabama School of Medicine Birmingham | USMLE |
| 106. Ian M Fleming Thompson | University of South Alabama College of Medicine | USMLE |
| 107. Garrett Thomas Tobin | Louisiana State University School of Medicine New Orleans | USMLE |
| 108. Matthew Alan Turtzo | American University of The Caribbean | USMLE/KY |
| 109. Priya Darshini Velumani | K.A.P. Viswanatham Government Medical College | USMLE |
| 110. Adarsh Verma | Rutgers New Jersey Medical School | USMLE/NJ |
| 111. Erica Rose Vormittag-Nocito | Florida Atlantic Univ Charles E. Schmidt College of Medicine | USMLE/MI |
| 112. Manish Wadhwa | Government Medical College Patiala | USMLE |

| <u>Name</u> | <u>Medical School</u> | <u>Endorsement</u> |
|-----------------------------------|--|--------------------|
| 113. William Wise Walker | University of Alabama School of Medicine Birmingham | USMLE |
| 114. Jennifer Bennett Wares | Wake Forest University School of Medicine | USMLE/NM |
| 115. Karen Sue Weldon | University of South Alabama College of Medicine | NBME/TN |
| 116. Seneca Rae Williams | Marshall University School of Medicine | USMLE |
| 117. Anthony Louis Wilson | University of Alabama School of Medicine Birmingham | USMLE |
| 118. James Bryant Wisdom Jr. | Edward Via College of Osteopathic Medicine-Auburn campus | COMLEX |
| 119. Jennifer Louise Yen | University of Texas - Houston Medical School | USMLE/TX |
| 120. Monica Grace Zanghi | Alabama College of Osteopathic Medicine | COMLEX |
| 121. Qingcong Zeng | University of Alabama School of Medicine Birmingham | USMLE |
| 122. *Isabella Osato Adjinhah | Lake Erie College of Osteopathic Medicine | COMLEX/SC |
| 123. *Isabella Aldana | Univ of Alabama School of Medicine Birmingham | USMLE |
| 124. Marta Josefina Berio Alvarez | University of Puerto Rico School of Medicine | NBME/FL |
| 125. Muayad Alzuabi | Ain Shams University Faculty of Medicine | USMLE/CA |
| 126. *Matthew Adam Bzdega | University of Iowa Carver College of Medicine | USMLE/FL |
| 127. Tiffany Berkshire Iraheta | Philadelphia College of Osteopathic Medicine | COMLEX/PA |
| 128. Marcus Hamilton Lackey | Florida State University College of Medicine | USMLE |
| 129. *Louis Clarence Remyse III | University of Michigan Medical School | NBME/MI |
| 130. *Marcelle Tharmarajah | Saba University School of Medicine | USMLE/FL |
| 131. *Jeffrey Davis Weinheimer | Nova Southeastern University College of Medicine | COMLEX/FL |

**Approved pending acceptance and payment of NDC issued by the BME.*

A motion was made by Commissioner Aldridge with a second by Commissioner Christopher to approve applicant numbers one through one hundred and thirty-one (1-131) for full licensure. The motion was approved by unanimous vote.

Limited License Applicants

| | <u>Name</u> | <u>Medical School</u> | <u>Endorsement</u> | <u>Location</u> | <u>License</u> |
|----|-----------------------------|--|--------------------|--------------------------------|----------------|
| 1. | Rana Abushamma | National Ribat Univ College of Med | LL/AL | UAB Neurology | R |
| 2. | Muhammad Aemaz Ur Rehman | King Edward Medical School | LL/AL | UAB Neurology | R |
| 3. | Pooja Agrawal | Mahatma Gandhi Mission's Med College | LL/AL | Brookwood IM | R |
| 4. | Carlos Bonilla Ramirez | School of Med & Health Sci Monterrey | LL/AL | UAB General Surgery | R |
| 5. | Sydney Paige Ellison | Edward Via College of Osteo Med Auburn | LL/AL | Cahaba FM | R |
| 6. | Mario Esteban Gonzalez | Autonomous Univ of Central America | LL/AL | NAMC Florence IM | R |
| 7. | Hanzala Mahtab | King Edward Medical School | LL/AL | Mobile Infirmary IM | R |
| 8. | Temitope Olakunle Oshakuade | University of Jos | LL/AL | NAMC IM | R |
| 9. | Ahmed F A M Al-Qahtani | Cornell University Medical College | LL/AL | UAB Callahan Eye-Ophthalmology | F |

A motion was made by Commissioner Aldridge with a second by Commissioner Nelson-Garrett to approve applicant numbers one through nine (1-9) for limited licensure. The motion was approved by unanimous vote.

IMLCC Report

The Commission received as information a report of the licenses that were issued via the Interstate Medical Licensure Compact from November 1, 2024, through November 30, 2024. A copy of this report is attached as Exhibit "A".

REPORTS

Physician Monitoring Report

The Commission received as information the physician monitoring report dated December 12, 2024. A copy of the report is attached as Exhibit "B".

APPLICANTS FOR REVIEW

Kenneth Delay, M.D.

A motion was made by Commissioner Christopher with a second by Commissioner Morris to approve Dr. Delay's application for full licensure. The motion was approved by unanimous vote.

Michael Karagas, M.D.

A motion was made by Commissioner Christopher with a second by Commissioner Nelson-Garrett to approve Dr. Karagas' application for full licensure. The motion was approved by unanimous vote.

Yvette McQueen, M.D.

A motion was made by Commissioner Nagrodzki with a second by Commissioner Christopher to approve Dr. McQueen's application for full licensure. The motion was approved by unanimous vote.

Robert Montazemi, M.D.

A motion was made by Commissioner Christopher with a second by Commissioner Nelson-Garrett to approve Dr. Montazemi's application for full licensure. The motion was approved by unanimous vote.

DISCUSSION ITEMS

Attorney General Opinion

A motion was made by Commissioner Aldridge with a second by Commissioner Morris to request withdrawal of the original request for an opinion from the Attorney General's office. The motion was approved by unanimous vote.

BME Rules for Publication – 540-X-10, Office Based Surgery

A motion was made by Commissioner Christopher with a second by Commissioner Nelson-Garrett to authorize Commission Vice Chairman Nagrodzki to submit comments on behalf of the Commission. The motion was approved by unanimous vote. A copy of the rule is attached hereto as Exhibit "C".

BME Rules for Publication – Lorna Breen Hereos' Foundation Amendments

A motion was made by Commissioner Christopher with a second by Commissioner Nagrodzki to review renewal and reinstatement applications for possible amendments that will align with the Lorna Breen Hereos' Foundation. The motion was approved by unanimous vote. A copy of the rule is attached hereto as Exhibit "D".

Aaron A. Hernandez Ramirez, M.D.

The Commission received as information an update from Aaron Dettling, General Counsel, regarding the appeal filed by Aaron A. Hernandez Ramirez, M.D. in the Alabama Court of Civil Appeals.

ADMINISTRATIVE FILINGS

Kristin T. Brunsvold, M.D.

The Commission received a Motion to Dismiss the Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Nelson-Garrett with a second by Commissioner Falgout to enter an order accepting the Motion to Dismiss the Administrative Complaint and cancel the hearing previously set for January 22, 2025. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "E".

John Campbell, M.D.

The Commission received an Administrative Complaint filed by the Alabama State Board of Medical Examiners. A motion was made by Commissioner Aldridge with a second by Commissioner Nagrodzki to enter an order assigning this matter to a four-member hearing panel and setting a hearing for February 12, 2025. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "F".

Kamaledin H. Kamal, M.D.

The Commission received as information a Notice of Intent to Contest Reinstatement filed by the Alabama State Board of Medical Examiners. A copy of the Notice of Intent to Contest Reinstatement is attached hereto as Exhibit "G".

Richard Kim, M.D.

The Commission received as information a Notice of Intent to Contest Reinstatement and Motion to Dismiss the Notice of Intent to Contest Reinstatement filed by the Alabama State Board of Medical Examiners. A copy of the Notice of Intent to Contest Reinstatement and Motion to Dismiss is attached hereto as Exhibit "H".

CLOSED SESSION UNDER ALA. CODE 34-24-361.1

At 9:12 a.m., the Commission entered closed session pursuant to Alabama Code § 34-24-361.1 to hear and consider the following matter:

Charles T. Nevels, M.D.

A motion was made by Commissioner Christopher with a second by Commissioner Nagrodzki to authorize Commissioner Chairman Alsip and Commission Vice-Chairman Nagrodzki to approve the final Consent Decree. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "J".

At 9:43 a.m., the Commission exited closed session and re-entered public session.

At 10:50 a.m., the Commission entered closed session pursuant to Alabama Code § 34-24-361.1 to hear and consider the following matters:

Omar Massoud, M.D.

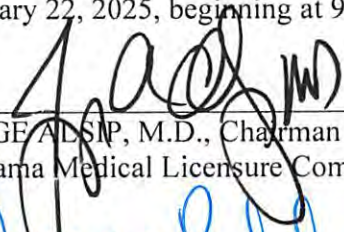
A motion was made by Commissioner Christopher with a second by Commissioner Nelson-Garrett to accept the Voluntary Surrender of Dr. Massoud's Alabama medical license. The motion was approved by unanimous vote. A copy of the Voluntary Surrender is attached hereto as Exhibit "I".

Trung Nguyen, D.O.

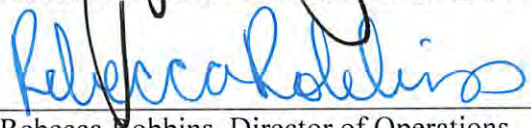
At the conclusion of the hearing, a motion was made by Commissioner Christopher with a second by Commissioner Nagrodzki to issue an order restricting Dr. Nguyen's Alabama medical license and assessing an administrative fine. The motion was approved by unanimous vote. A copy of the Commission's order is attached hereto as Exhibit "K".

Meeting adjourned at 4:13 p.m.

PUBLIC MEETING NOTICE: The next meeting of the Alabama Medical Licensure Commission was announced for Wednesday, January 22, 2025, beginning at 9:00 a.m.



JORGE ALSOP, M.D., Chairman
Alabama Medical Licensure Commission



Rebecca Robbins, Director of Operations
Recording Secretary
Alabama Medical Licensure Commission



Date Signed

EXHIBIT

A

IMLCC Licenses Issued November 1, 2024 - November 30, 2024 (76)

| Name | License Type | License Number | Status | Issue Date | Expiration Date | State of Principal Licensure |
|------------------------------|--------------|----------------|--------|------------|-----------------|------------------------------|
| La'kesha Sharolyn Francis | MD | 50101 | Active | 11/26/2024 | 12/31/2024 | Arizona |
| Anil Prasad Rama Rao | MD | 50065 | Active | 11/12/2024 | 12/31/2024 | Arizona |
| Samantha Rae Green | MD | 50050 | Active | 11/7/2024 | 12/31/2024 | Arizona |
| Charissa Lateesha Geyer | MD | 50077 | Active | 11/14/2024 | 12/31/2024 | Colorado |
| Jill Renae Vanwyk | MD | 50090 | Active | 11/20/2024 | 12/31/2024 | Colorado |
| Gary John Witt | MD | 50099 | Active | 11/21/2024 | 12/31/2025 | Colorado |
| Chereka Shantae Kluttz | DO | 3904 | Active | 11/21/2024 | 12/31/2024 | Colorado |
| Kristine Diana DeMaio | MD | 50063 | Active | 11/12/2024 | 12/31/2025 | Colorado |
| Melanie Faith Worley | DO | 3896 | Active | 11/7/2024 | 12/31/2024 | Colorado |
| Saloni Anand | MD | 50058 | Active | 11/12/2024 | 12/31/2024 | Delaware |
| Abdullah Almezbash | MD | 50033 | Active | 11/1/2024 | 12/31/2024 | Georgia |
| Lisa Fay Fowlkes | MD | 50037 | Active | 11/4/2024 | 12/31/2024 | Georgia |
| Husam Elden Mustafa | MD | 50041 | Active | 11/4/2024 | 12/31/2024 | Georgia |
| Madhava Rao Koti | MD | 50042 | Active | 11/4/2024 | 12/31/2024 | Georgia |
| Igor Ancor | MD | 50066 | Active | 11/12/2024 | 12/31/2024 | Georgia |
| Zahra Mehboob Merchant | MD | 50094 | Active | 11/21/2024 | 12/31/2025 | Georgia |
| Michael Kennedy | MD | 50085 | Active | 11/19/2024 | 12/31/2024 | Georgia |
| Shatia Edwards | DO | 3898 | Active | 11/13/2024 | 12/31/2024 | Georgia |
| Ramon Antony Issa | MD | 50097 | Active | 11/21/2024 | 12/31/2025 | Idaho |
| Joseph Lee Mitchell | MD | 50089 | Active | 11/20/2024 | 12/31/2025 | Illinois |
| Alex Arto Balekian | MD | 50061 | Active | 11/12/2024 | 12/31/2024 | Illinois |
| Emmary Samel Butler | MD | 50072 | Active | 11/14/2024 | 12/31/2024 | Indiana |
| Leah Kathryn Forney | MD | 50088 | Active | 11/19/2024 | 12/31/2024 | Indiana |
| Taylor Hahn | MD | 50095 | Active | 11/21/2024 | 12/31/2024 | Indiana |
| Anne Lorraine Brady | MD | 50057 | Active | 11/7/2024 | 12/31/2025 | Kentucky |
| Hazim Rishmawi | MD | 50070 | Active | 11/13/2024 | 12/31/2025 | Kentucky |
| Augustus Key | DO | 3901 | Active | 11/18/2024 | 12/31/2024 | Kentucky |
| Ashley Anne Montgomery-Yates | MD | 50056 | Active | 11/7/2024 | 12/31/2024 | Kentucky |

| | | | | | | |
|----------------------------|----|-------|--------|------------|------------|-------------|
| Paul Jack Primeaux Jr. | MD | 50075 | Active | 11/14/2024 | 12/31/2024 | Louisiana |
| Asuquo Esuabana | MD | 50055 | Active | 11/7/2024 | 12/31/2024 | Louisiana |
| Noah Emerson | DO | 3895 | Active | 11/7/2024 | 12/31/2025 | Louisiana |
| Brianna Oliver | MD | 50051 | Active | 11/7/2024 | 12/31/2024 | Louisiana |
| Nathan Edward Ryan | MD | 50074 | Active | 11/14/2024 | 12/31/2024 | Louisiana |
| Adam Matthew Dowling | MD | 50081 | Active | 11/15/2024 | 12/31/2024 | Louisiana |
| Nicholas Scott Lemoine | MD | 50076 | Active | 11/14/2024 | 12/31/2024 | Louisiana |
| Evangelos Alexander Liokis | MD | 50082 | Active | 11/15/2024 | 12/31/2024 | Louisiana |
| Brice Guy | DO | 3902 | Active | 11/19/2024 | 12/31/2024 | Maryland |
| Kenneth Alan Blank | MD | 50079 | Active | 11/15/2024 | 12/31/2025 | Maryland |
| Jennifer Christine Kam | MD | 50064 | Active | 11/12/2024 | 12/31/2024 | Maryland |
| Michael Resnick Parsons | MD | 50038 | Active | 11/4/2024 | 12/31/2025 | Maryland |
| Terrence McGinty Mulligan | DO | 3894 | Active | 11/4/2024 | 12/31/2025 | Maryland |
| Ambrose Jamal Campbell | MD | 50060 | Active | 11/12/2024 | 12/31/2024 | Mississippi |
| April Lee Ulmer | MD | 50098 | Active | 11/21/2024 | 12/31/2025 | Mississippi |
| Paul Drambarean | MD | 50034 | Active | 11/1/2024 | 12/31/2025 | Mississippi |
| Michelle Daya | MD | 50080 | Active | 11/15/2024 | 12/31/2024 | Montana |
| Elizabeth Ph Chen | MD | 50096 | Active | 11/21/2024 | 12/31/2025 | Nevada |
| Zeynep Busra Ozdener | DO | 3903 | Active | 11/20/2024 | 12/31/2024 | New Jersey |
| Prajeet Reddy | MD | 50032 | Active | 11/1/2024 | 12/31/2024 | New Jersey |
| Nelia Jain | MD | 50046 | Active | 11/5/2024 | 12/31/2025 | Ohio |
| Jeremiah Aaron Jansen | MD | 50031 | Active | 11/1/2024 | 12/31/2024 | Oklahoma |
| Leomar Manangan Bautista | DO | 3899 | Active | 11/14/2024 | 12/31/2025 | Tennessee |
| Moore Benjamin Shoemaker | MD | 50092 | Active | 11/21/2024 | 12/31/2024 | Tennessee |
| Steven T. Shaba | MD | 50100 | Active | 11/26/2024 | 12/31/2025 | Tennessee |
| Amer Ansarul Haque | MD | 50054 | Active | 11/7/2024 | 12/31/2024 | Tennessee |
| Viraj K. Parikh | MD | 50053 | Active | 11/7/2024 | 12/31/2024 | Tennessee |
| Michael Webb Hughes | MD | 50078 | Active | 11/15/2024 | 12/31/2025 | Tennessee |
| Chelsey Leigh Height | MD | 50087 | Active | 11/19/2024 | 12/31/2025 | Tennessee |
| Alyson Singh | MD | 50091 | Active | 11/21/2024 | 12/31/2025 | Tennessee |
| Lynne Ann Ierardi-Curto | MD | 50093 | Active | 11/21/2024 | 12/31/2025 | Tennessee |

| | | | | | | |
|-----------------------------|----|-------|--------|------------|------------|------------|
| Lakshmana Swamy | MD | 50044 | Active | 11/4/2024 | 12/31/2025 | Tennessee |
| William Manuel Lopez | MD | 50059 | Active | 11/12/2024 | 12/31/2025 | Tennessee |
| Carol Ingraham Rogers | MD | 50039 | Active | 11/4/2024 | 12/31/2024 | Tennessee |
| Yosef Kahn | MD | 50040 | Active | 11/4/2024 | 12/31/2024 | Tennessee |
| Andrew Richard Hutchens III | MD | 50067 | Active | 11/13/2024 | 12/31/2025 | Tennessee |
| Jullian LoPiano | MD | 50043 | Active | 11/4/2024 | 12/31/2024 | Texas |
| Rabia Javed Chaudhry | MD | 50045 | Active | 11/5/2024 | 12/31/2024 | Texas |
| Rolando Gomez | MD | 50052 | Active | 11/7/2024 | 12/31/2024 | Texas |
| Faraz Masood | MD | 50084 | Active | 11/18/2024 | 12/31/2024 | Texas |
| Andreana Laura Rivera | MD | 50069 | Active | 11/13/2024 | 12/31/2025 | Texas |
| Rajinder Sabar | MD | 50068 | Active | 11/13/2024 | 12/31/2024 | Texas |
| Cary Daniel Chisholm | MD | 50071 | Active | 11/14/2024 | 12/31/2025 | Texas |
| James Cannon Stringham | MD | 50086 | Active | 11/19/2024 | 12/31/2024 | Utah |
| Kristina Shannon King | MD | 50047 | Active | 11/6/2024 | 12/31/2024 | Washington |
| Derek Richardson | MD | 50062 | Active | 11/12/2024 | 12/31/2025 | Washington |
| Lorin John Freedman | MD | 50035 | Active | 11/1/2024 | 12/31/2024 | Washington |
| Ian Patrick Hoffman | MD | 50073 | Active | 11/14/2024 | 12/31/2024 | Washington |

**Total licenses issued since April 2017 - 4,897*



EXHIBIT

B

STATE of ALABAMA
MEDICAL LICENSURE COMMISSION

To: Medical Licensure Commission
From: Nicole Roque
Subject: December Physician Monitoring Report
Date: 12/12/2024

The physicians listed below are currently being monitored by the MLC.

Physician: Gary M. Bullock, D.O.
Order Type: MLC
Due Date: 6/27/2024
Order Date: 8/25/2023
License Status: Active-Probation
Requirements: Administrative Cost (\$27,460.27)
Administrative Fine (\$20,000)
No Prescribing
Received: PDMP Compliant
*No payment has been received.

Physician: Kristin J. Dobay, M.D.
Order Type: MLC
Due Date: Other
Order Date: 5/3/2024
License Status: Active-Restricted
Requirements: APHP Report
Limited Practice
Therapist Report
Worksite Report
Received: Report from LifeGuard

Physician: Shakir Raza Meghani, M.D.
Order Type: BME/MLC
Due Date: Monthly
Order Date: 11/20/2023
License Status: Active
Requirements: Check PDMP Monthly
Received: PDMP Compliant



EXHIBIT

C

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

WILLIAM M. PERKINS, EXECUTIVE DIRECTOR

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE.
MONTGOMERY, ALABAMA 36104

TELEPHONE: (334) 242-4116
E MAIL: bme@albme.gov

MEMORANDUM

To: Medical Licensure Commission
From: Mandy Ellis
Date: December 12, 2024
Re: Administrative Rules Approved for Publication

The Board of Medical Examiners, at its meeting December 12, 2024, approved the following rules to be published for public comment in the *Alabama Administratively Monthly*:

- Administrative Rules, Chapter 540-X-10, *Office-Based Surgery*

Amends the existing Office-Based Surgery rules to enhance patient safety in Alabama. Most of the rule chapter is being revised; however, a few key concepts include requiring accreditation of OBS facilities, setting standards for training of practitioners, requiring the formulation and utilization of patient-selection criteria, requiring quality assurance by disinterested third parties, mandating transfer agreements with hospitals, and requiring practitioners to be credentialed to perform any OBS procedure in a nearby hospital or ASC.

With an expected publication date of December 31, 2024, the public comment period ends February 4, 2025. The anticipated effective date is May 15, 2025.

Attachments: Draft of Administrative Rules, Chapter 540-X-10, *Office-Based Surgery*

DRAFT

RULES OF THE ALABAMA BOARD OF MEDICAL EXAMINERS

CHAPTER 540-X-10 OFFICE-BASED SURGERY

Table of Contents

| | |
|--------------|---|
| 540-X-10-.01 | Preamble |
| 540-X-10-.02 | Definitions |
| 540-X-10-.03 | General Requirements |
| 540-X-10-.04 | Emergency Plan |
| 540-X-10-.05 | Patient Evaluation and Selection |
| 540-X-10-.06 | Accreditation and Quality Assurance |
| 540-X-10-.07 | Standards for Preoperative Assessment |
| 540-X-10-.08 | Standards for Local Anesthesia |
| 540-X-10-.09 | Standards for Minimal Sedation |
| 540-X-10-.10 | Standards for Moderate Sedation / Analgesia |
| 540-X-10-.11 | Standards for Deep Sedation / Analgesia |
| 540-X-10-.12 | Standards for General and Regional Anesthesia |
| 540-X-10-.13 | Monitoring Requirements for the Recovery Area and Assessment for Discharge with Moderate & Deep Sedation / General Anesthesia |
| 540-X-10-.14 | Tumescent Liposuction and Similarly Related Procedures |
| 540-X-10-.15 | Reporting Requirement |
| 540-X-10-.16 | Registration of Physicians and Physician Offices |
| 540-X-10-.17 | Denial of Registration: Process and Grounds |
| 540-X-10-.18 | Penalties |
| | Appendix A – Continuum of Depth of Sedation |
| | Appendix B – Standards of the American Society of Anesthesiologists |
| | Appendix C – Guidelines for Office-Based Anesthesia |
| | Appendix D – Physician Registration Form |
| | Appendix E – Practice-Based Registration Form |

540-X-10-.01 Preamble.

(1) Office-based surgery is surgery performed outside of a hospital or outpatient facility licensed by the Alabama Department of Public Health. It is the position of the Board that any physician performing office-based surgery is responsible for providing a safe environment. Surgical procedures in medicine have changed over the

generations from procedures performed at home or at the surgeon's office to the hospital and, now, often back to outpatient locations. However, the premise for the surgery remains unchanged: that it be performed in the best interest of the patient and under the best circumstances possible for the management of disease and well-being of the patient. Surgery that is performed in a physician's office at this time varies from a simple incision and drainage with topical anesthesia to semi-complex procedures under general anesthesia. It is imperative that the surgeon evaluate the patient, advise and assist the patient with a decision about the procedure and the location for its performance and, to the best of the surgeon's ability, ensure that the quality of care be equal no matter the location. If the physician performs surgery in the physician's office, it is expected that the physician will require standards similar to those at other sites where the physician performs such procedures. It is also expected that any physician who performs a surgical procedure is knowledgeable about sterile technique, the need for pathological evaluation of certain surgical specimens, any drug that the physician administers or orders administered, and about potential untoward reactions, complications, and their treatment. Recognizing that there have been serious adverse events in office surgical settings, both in Alabama and in other states, the Board, in conjunction with an *ad hoc* committee representing various medical and surgical specialties, has developed guidelines for physicians who perform office-based surgeries. These guidelines are intended to remind the physician of the minimal requirements for various levels of surgery in the office setting. While the physician must decide on a case-by-case basis the location and level of service

that is best for the physician's particular patient and procedure, this decision must always be made with the patient's best interest in mind.

(2) These rules shall not apply to an oral surgeon licensed to practice dentistry who is also a physician licensed to practice medicine if the procedure is exclusively for the practice of dentistry. An oral surgeon licensed to practice dentistry who is also a physician licensed to practice medicine and who performs office-based surgery other than the practice of dentistry shall comply with the requirements of these regulations for those procedures which fall outside the scope of practice of dentistry.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003. Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.02 Definitions

(1) **Deep Sedation / Analgesia.** A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reflex withdrawal from painful stimulation is **NOT** considered a purposeful response. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway,

and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(2) General Anesthesia. A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(3) Local Anesthesia. The administration of an agent which produces a localized and reversible loss of sensation in a circumscribed portion of the body.

(4) Minimal Sedation (anxiolysis). A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

(5) Moderate Sedation / Analgesia ("Conscious Sedation"). A drug-induced depression of consciousness during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from painful stimulation is **NOT** considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(6) Office-based surgery. Any surgical or invasive medical procedure performed outside a hospital or outpatient facility licensed by the Alabama Department of Public Health.

(7) **Physician Office.** A facility, office, or laboratory where a registered physician performs office-based surgery.

(8) **Registered Physician.** A physician registered to perform office-based surgery.

(9) **Surgery.** A medical procedure which involves the revision, destruction, incision, or structural alteration of human tissue performed using a variety of methods and instruments, is a discipline that includes the operative and non-operative care of individuals in need of such intervention, and which demands pre-operative assessment, judgment, technical skills, post-operative management, and follow-up.

(10) **Regional Anesthesia** (A major conduction blockade) is considered in the same category as General Anesthesia.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003. Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.03 General Requirements

(1) Every physician who performs or proposes to perform office-based surgery or procedures shall be trained to perform the surgery or procedure. The criteria for

evaluating a physician's training to perform a certain surgery or procedure include, but are not limited to:

(a) Completion of an accredited residency or fellowship relating to the surgery or procedure to be performed;

(b) Specialty board certification;

(c) An active, unrestricted medical license;

(d) Possession of credentialing to perform the same surgery or procedure at a nearby hospital or ambulatory care facility with whom the physician has an emergency transfer agreement;

(e) Formal didactic training in the procedures to be performed; and

(f) Accreditation by a credentialing body which, in the opinion of the Board, is qualified to assess a physician's training and competency.

(2) Evidence of the physician's training and continuing medical education shall be documented and readily available to patients and the Board.

(3) When a physician proposes to provide a new office-based surgical procedure, he or she shall conduct specific training for all personnel involved in the care of patients prior to performing the procedure. Education must be specifically tailored to the new procedure and must include, at a minimum:

(a) Formal training regarding a basic understanding of the procedure being introduced, including risks and benefits of the procedure;

(b) Signs and symptoms of postoperative complications; and

(c) A basic understanding of the management and care of patients by a review of the office's policies and protocols.

(4) Physicians performing office-based surgery shall have qualified call coverage at all times by a physician who is responsible for the emergency care of his or her patients in his or her absence.

(a) The physician providing call coverage must be trained to manage the full range of complications associated with the procedures being performed.

(b) Transfer agreements can be used to supplement call coverage but cannot be used as a substitute for a call schedule.

(5) Medical Record Maintenance and Security: Each physician office shall have a procedure for initiating and maintaining a health record for every patient evaluated or treated. The record shall include a procedure code or suitable narrative description of the procedure and must have sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the outcome and required follow-up care. For procedures requiring patient consent, there shall be a documented informed written consent. If analgesia/sedation, minor or major conduction blockade, or general anesthesia are provided, the record shall include documentation of the type of anesthesia used, drugs (type, time and dose) and fluids administered, the record of monitoring of vital signs, level of consciousness during the procedure, patient weight, estimated blood loss, duration of the procedure, and any complications related to the procedure or anesthesia. Procedures shall also be established to ensure patient confidentiality and security of all patient data and information.

(6) Infection Control Policy: Each physician office shall comply with state and federal regulations regarding infection control. For all surgical procedures, the level of sterilization shall meet current OSHA requirements. There shall be a procedure and schedule for cleaning, disinfecting, and sterilizing equipment and patient care items. Personnel shall be trained in infection control practices, implementation of universal precautions, and disposal of hazardous waste products. Protective clothing and equipment must be readily available.

(7) Federal and State Laws and Regulations: Federal and state laws and regulations that affect the practice shall be identified and procedures developed to comply with those requirements. The following are some of the key requirements upon which office-based practices should focus:

(a) Non-Discrimination (see Civil Rights statutes and the Americans with Disabilities Act).

(b) Personal Safety (see Occupational Safety and Health Administration information).

(c) Controlled Substance Safeguards.

(d) Laboratory Operations and Performance (CLIA).

(e) Personnel Licensure Scope of Practice and Limitations.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003.

Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for

Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*.

Amended/Approved for Publication: August 20, 2003. Published in 8/29/03

Alabama Administrative Monthly. Approved/Adopted: October 15, 2003. Effective

Date: November 21, 2003.

540-X-10-.04 Emergency Plan

(1) Every physician who performs office-based surgery shall maintain on-site a written emergency plan.

(2) The emergency plan shall include, but not be limited to, emergency medicines, emergency equipment, and transfer protocols that ensure the continuity of a patient's care remains uninterrupted during any adverse event or transfer.

(a) Age-appropriate emergency supplies, equipment, and medication shall be provided in accordance with the scope of surgical and anesthesia services provided at the physician's office.

(b) In a physician office where anesthesia services are provided to infants and children, the required emergency equipment must be appropriately sized for a pediatric population, and personnel must be appropriately trained to handle pediatric emergencies, which shall include up to date training and certification in Pediatric Advanced Life Support ("PALS") or Advanced Pediatric Life Support ("APLS").

(c) At least one physician currently trained in Advanced Cardiac Life Support ("ACLS") must be immediately and physically available until the last patient is past the first stage of recovery. A practitioner who is qualified in resuscitation techniques and emergency care, including ACLS, APLS, or PALS, as appropriate, must be present and

available until all patients having more than local anesthesia or minor conductive block anesthesia have been discharged from the physician office

(3) All physicians and support personnel shall be trained and capable of recognizing and managing complications related to the procedures and anesthesia that they perform. In the event of anesthetic, medical, or surgical emergencies, personnel must be familiar with the procedures and plan to be followed and able to take the necessary actions. All personnel must be familiar with a documented plan for the timely and safe transfer of patients to a nearby hospital. This plan must include arrangements for emergency medical services, if necessary, or when appropriate, escorting the patient to the hospital by an appropriate practitioner. If advanced cardiac life support is instituted, the plan must include immediate contact with emergency medical services.

(4) The emergency plan shall include objective criteria that shall be used when evaluating a patient for activation of the emergency plan, the provision of emergency medical care, or the safe and timely transfer of a patient to a nearby hospital should hospitalization become necessary.

(5) Every registered physician shall possess admitting privileges to a nearby hospital equipped to accept transfer and treatment of the full range of complications that may be experienced by his or her patients.

540-X-10-.05 Patient Evaluation and Selection

(1) Patients must be individually evaluated using objective and subjective criteria for each procedure to determine if the physician office is an appropriate setting for the anesthesia required and for the surgical procedure to be performed. Patient selection

shall occur pursuant to written criteria which shall be available for inspection by the Board or any credentialing entity. These criteria shall include both inclusionary and exclusionary criteria.

(2) Patients undergoing office-based surgery must have an appropriately documented history and physical examination as well as other indicated consultations and studies, all occurring not more than thirty (30) days prior to the surgical procedure.

(3) Procedure-specific patient selection criteria must be submitted in writing to the Board at the time of registration and prior to performing any office-based surgery. A registered physician must submit in writing to the Board new procedure-specific patient selection criteria whenever he or she proposes to engage in a new procedure.

(4) Patient selection criteria must include the following categories:

(a) Exclusion of all intra-abdominal and intra-thoracic procedures.

(b) Criteria for the inclusion and exclusion of pediatric patients.

(c) Exclusion of patients with a history of solid organ transplant, excepting kidney transplant.

(d) Exclusion of any patient with an American Society of Anesthesiologists Physical Status Classification ("ASA") greater than or equal to four (4).

(e) Criteria for excluding patients with a body mass index exceeding an upper limit based on the risks of the procedure.

(f) Utilization of evidence-based frailty scoring tools and accompanying procedure-specific exclusion criteria.

540-X-10-.06 Accreditation and Quality Assurance

(1) All office-based surgery shall occur in a physician office that is appropriately equipped, registered with the Board, and maintained to ensure patient safety through accreditation or certification and in good standing from an accrediting entity approved by the Board.

(2) The Board may approve an accrediting entity that demonstrates to the satisfaction of the Board that it has all of the following:

(a) Standards pertaining to patient care, recordkeeping, equipment, personnel, facilities, and other related matters that are in accordance with acceptable and prevailing standards of care as determined by the Board;

(b) Processes that ensure a fair and timely review and decision on any applications for accreditation or renewals thereof;

(c) Processes that ensure a fair and timely review and resolution of any complaints received concerning accredited or certified physician offices; and

(d) Resources sufficient to allow the accrediting entity to fulfill its duties in a timely manner.

(3) A physician may perform procedures under this rule in a physician office that is not accredited or certified, provided that the physician office has submitted an application for accreditation by a Board-approved accrediting entity, and that the physician office is appropriately equipped and maintained to ensure patient safety such that the physician office meets the accreditation standards. If the physician office is not accredited or certified within one year of the physician's performance of the first

procedure under this rule, the physician must cease performing procedures until the physician office is accredited or certified.

(4) Proof of accreditation shall be kept on file with the Board and on site at the physician office. If a physician office loses its accreditation or certification and is no longer accredited or certified by at least one Board-approved entity, the physician shall immediately cease performing procedures in that physician office. Any changes to a physician office's accreditation status shall be reported to the Board within three (3) business days.

(5) Each physician office shall implement a quality assurance program to periodically review the physician office's procedures and quality of care provided to patients.

(a) A physician office shall engage its quality assurance program every six months at a minimum.

(b) Quality assurance shall include peer review by qualified physicians who are not affiliated with the practice or physician office.

(c) A quality assurance program may be administered by the physician office's accrediting entity or may be established by:

1. A cooperative agreement with a hospital-based performance or quality-improvement program; or
2. A cooperative agreement with another physician office to jointly conduct quality assurance activities; or

3. A cooperative agreement with a peer review organization, a managed care organization, specialty society, or other appropriate organization approved by the Board.

(6) A quality assurance program shall include, but not be limited to:

(a) Review of all mortalities;

(b) Review of the patient selection, appropriateness, and necessity of procedures performed;

(c) Review of all emergency transfers;

(d) Review of surgical and anesthetic complications;

(e) Review of outcomes, including postoperative infections;

(f) Analysis of patient satisfaction surveys and complaints;

(g) Identification of undesirable trends, including diagnostic errors, poor outcomes, follow-up of abnormal test results, medication errors, and system problems; and

(h) Tracking of all deviations from the patient selection and procedure protocols, including identification of the patient, the basis for the deviation, a description of the medical decision-making supporting the deviation, a description of the outcome, and any remedial measures taken.

(7) Quality assurance program findings shall be documented and incorporated into the physician office's educational programming, protocols, and planning, as appropriate.

(8) Each physician shall attest in writing to the Board that a compliant quality assurance program has been implemented prior to performing any office-based surgery. Each physician shall be responsible for producing the plan to the Board upon demand.

540-X-10-.07 Standards for Preoperative Assessment.

(1) A medical history, a physical examination consistent with the type and level of anesthesia and/or analgesia and the level of surgery to be performed, and the appropriate laboratory studies must be performed by a practitioner qualified to assess the impact of co-existing disease processes on surgery and anesthesia. A pre-anesthetic examination and evaluation must be conducted immediately prior to surgery by the physician or by a qualified person who will be administering or directing the anesthesia. If a qualified person will be administering the anesthesia, the physician shall review with the qualified person the pre-anesthetic examination and evaluation. The data obtained during the course of the pre-anesthesia evaluations (focused history and physical, including airway assessment and significant historical data not usually found in a primary care or surgical history that may alter care or affect outcome) must be documented in the medical record.

(2) Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation must be able to rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering Moderate Sedation / Analgesia ("Conscious Sedation") must be able to rescue patients who enter a state of Deep Sedation /

Analgesia, while those administering Deep Sedation / Analgesia must be able to rescue patients who enter into a state of general anesthesia.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003.

Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.08 Standards for Local Anesthesia.

(1) Equipment and supplies: Oral airway positive pressure ventilation device, epinephrine, and atropine must be available.

(2) Training required: The physician is expected to be knowledgeable in proper drug dosages and recognition and management of toxicity or hypersensitivity to local anesthetic and other drugs. The physician must be currently trained in Basic Cardiac Life Support ("BCLS").

(3) Assistance of other personnel: No other assistance is required, unless dictated by the scope of the surgical procedure.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald

Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003.

Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for

Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*.

Amended/Approved for Publication: August 20, 2003. Published in 8/29/03

Alabama Administrative Monthly. Approved/Adopted: October 15, 2003. Effective

Date: November 21, 2003.

540-X-10-.09 Standards for Minimal Sedation.

(1) Equipment and supplies: Oral airway positive pressure ventilation device, epinephrine, and atropine must be available.

(2) Training required: The physician is expected to be knowledgeable in proper drug dosages and recognition and management of toxicity or hypersensitivity to local anesthetic and other drugs. The physician must be currently trained in Basic Cardiac Life Support ("BCLS").

(3) Assistance of other personnel: Anesthesia may be administered only by licensed, qualified, and competent practitioners who have training and experience appropriate to the level of anesthesia administered and function in accordance with their scope of practice. Practitioners must have documented competence and training to administer local anesthesia with sedation and to assist in any support or resuscitation measures as required. Scrub or Circulating nurse(s) and/or assistant(s) must be trained in their specific job skills as determined by the registered physician.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald

Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003. Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.10 Standards for Moderate Sedation / Analgesia.

(1) Physician Registration Requirement: The Board requires each physician who offers office-based surgery that requires moderate sedation, as defined in these rules, to register with the Board.

(2) Equipment and supplies: Emergency resuscitation equipment, emergency life-saving medications, suction, and a reliable source of oxygen with a backup tank must be readily available. When medication for sedation and/or analgesia is administered intravenously (IV), monitoring equipment must include: blood pressure apparatus, stethoscope, pulse oximetry, continuous EKG, and temperature monitoring for procedures lasting longer than thirty (30) minutes. The patient's vital signs, oxygen saturation, and level of consciousness must be documented prior to the procedure, during regular intervals throughout the procedure, and prior to discharge. The physician office, in terms of general preparation, must have adequate equipment and supplies, provisions for proper record keeping, and the ability to recover patients after anesthesia.

(3) Training required: The physician and at least one assistant must be currently trained in ACLS.

(4) Assistance of other personnel: Anesthesia may be administered only by licensed, qualified, and competent anesthesiologists, certified registered nurse anesthetists (CRNAs), and anesthesiologist assistants (AAs) who have documented competence and training to administer moderate sedation/analgesia and to assist in any support or resuscitation measures as required. The individual administering moderate sedation/analgesia and/or monitoring the patient must be someone other than the physician performing the surgical procedure, nor can this person assist in the actual performance of the procedure. Scrub or Circulating nurse(s) and/or assistant(s) must be trained in their specific job skills as determined by the registered physician. At least one physician currently trained in ACLS must be immediately and physically available until the last patient is past the first stage of recovery. At least one practitioner currently trained in ACLS must be immediately and physically available until the last patient is discharged from the physician office.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003.

Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.11 Standards for Deep Sedation / Analgesia.

(1) **Physician Registration Requirement:** The Board requires each physician who offers office-based surgery that requires deep sedation or general anesthesia, as defined in these rules, to register with the Board.

(2) **Equipment and supplies:** Emergency resuscitation equipment, emergency life-saving medications, suction, and a reliable source of oxygen with a backup tank must be readily available. Monitoring equipment must include: blood pressure apparatus, stethoscope, pulse oximetry, continuous EKG, and temperature monitoring for procedures lasting longer than thirty (30) minutes. The patient's vital signs, oxygen saturation, and level of consciousness must be documented prior to the procedure, during regular intervals throughout the procedure, and prior to discharge. The physician office, in terms of general preparation, must have adequate equipment and supplies, provisions for proper record keeping, and the ability to recover patients after anesthesia.

(3) **Training required:** The physician and at least one assistant must be currently trained in Advanced Cardiac Life Support (ACLS).

(4) **Assistance of other personnel:** Anesthesia may be administered only by licensed, qualified, and competent anesthesiologists, certified registered nurse anesthetists (CRNAs), and anesthesiologist assistants (AAs) who have documented competence and training to administer deep sedation/analgesia and to assist in any support or resuscitation measures as required. The individual administering deep sedation/analgesia and/or monitoring the patient must be someone other than the physician performing the surgical procedure, nor can this person assist in the actual performance of the procedure. Scrub or Circulating nurse(s) and/or assistant(s) must be

trained in their specific job skills as determined by the registered physician. At least one physician currently trained in ACLS must be immediately and physically available until the last patient is past the first stage of recovery. At least one practitioner currently trained in ACLS must be immediately and physically available until the last patient is discharged from the physician office.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003.

Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.12 Standards for General and Regional Anesthesia.

(1) **Physician Registration Requirement:** The Board requires each physician who offers office-based surgery that requires general or regional anesthesia, as defined in these rules, to register with the Board.

(2) **Equipment and supplies:** Emergency resuscitation equipment, suction, and a reliable source of oxygen with a backup tank must be readily available. When triggering agents are in the office, at least twelve (12) ampules of dantrolene sodium must be readily available within ten (10) minutes with additional ampules available from another source. Monitoring equipment must include: blood pressure apparatus, stethoscope, pulse

oximetry, continuous EKG, capnography, and temperature monitoring for procedures lasting longer than thirty (30) minutes. Monitoring equipment and supplies must be in compliance with currently adopted ASA standards. The physician office, in terms of general preparation, must have adequate equipment and supplies, provisions for proper record keeping, and the ability to recover patients after anesthesia.

(3) Training required: The physician and at least one assistant must be currently trained in Advanced Cardiac Life Support (ACLS).

(4) Assistance of other personnel: Anesthesia may be administered only by licensed, qualified, and competent anesthesiologists, certified registered nurse anesthetists (CRNAs), and anesthesiologist assistants (AAs) who have documented competence and training to administer general and regional anesthesia and to assist in any support or resuscitation measures as required. The individual administering general and regional anesthesia and/or monitoring the patient must be someone other than the physician performing the surgical procedure, nor can this person assist in the actual performance of the procedure. Scrub or Circulating nurse(s) and/or assistant(s) must be trained in their specific job skills as determined by the registered physician. Direction of the sedation/analgesia component of the medical procedure must be provided by a physician who is immediately and physically present, who is licensed to practice medicine in the state of Alabama, and who is responsible for the direction of administration of the anesthetic. The physician providing direction must ensure that an appropriate pre-anesthetic examination is performed, ensure that qualified practitioners participate, be available for diagnosis, treatment, and management of anesthesia related complications

or emergencies, and ensure the provision of indicated post anesthesia care. At least one physician currently trained in ACLS must be immediately and physically available until the last patient is past the first stage of recovery. At least one practitioner currently trained in ACLS must be immediately and physically available until the last patient is discharged from the physician office.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003.

Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.13 Monitoring Requirements for the Recovery Area and Assessment for Discharge with Moderate & Deep Sedation / General Anesthesia.

Monitoring in the recovery area shall be performed by a dedicated person, trained in their specific job skills as determined by the registered physician, and must include pulse oximetry and non-invasive blood pressure measurement. The patient must be assessed periodically for level of consciousness, pain relief, or any untoward complication. Each patient must meet discharge criteria as established by the practice prior to leaving the physician office. Documented recovery from anesthesia must include the following: 1) vital signs and oxygen saturation stable within acceptable limits; 2) no

more than minimal nausea, vomiting, or dizziness; and 3) sufficient time (up to two (2) hours) must have elapsed following the last administration of reversal agents to ensure the patient does not become sedated after reversal effects have worn off. The patient shall be given appropriate discharge instructions and discharge under the care of a responsible third party after meeting discharge criteria. Discharge instructions shall include: 1) the procedure performed; 2) information about potential complications; 3) telephone numbers to be used by the patient to discuss with the registered physician complications or questions that may arise; 4) instructions for medications prescribed and pain management; 5) information regarding the follow-up visit date, time, and location; and 6) designated treatment facility in the event of an emergency.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Approved/Adopted: Approved for Publication January 15, 2003. Published in 1/31/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 *Alabama Administrative Monthly*. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 *Alabama Administrative Monthly*. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.

540-X-10-.14 Tumescent Liposuction and Similarly Related Procedures.

(1) In the performance of liposuction when infiltration methods such as the tumescent technique are used, they should be regarded as regional or systemic anesthesia because of the potential for systemic toxic effects.

(2) When infiltration methods such as the tumescent technique are used in the performance of liposuction, the Standards for General and Regional Anesthesia stated in Rule 540-X-10-.12 must be met, including the physician registration requirement, the equipment and supplies requirement, the training requirement, and the assistance of other personnel requirement.

(3) When infiltration methods such as the tumescent technique are used in the performance of liposuction, the monitoring requirement found in Rule 540-X-10-.13, Monitoring Requirements for the Recovery Area and Assessment for Discharge with Moderate and Deep Sedation/General Anesthesia, must be met.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama 34-24-53

History: Approved/Adopted: September 21, 2011. Effective Date: October 25, 2011.

540-X-10-.15 Reporting Requirements.

(1) Reporting to the Board is required within three (3) business days of the occurrence and will include all surgical related deaths, and all events directly related to a procedure(s) that resulted in complications requiring an emergency transfer of the surgical patient to the hospital, anesthetic or surgical events requiring CPR, unscheduled hospitalization related to the surgery, and surgical site deep wound infection. However, the transfer of a patient to a more acute setting or a hospital as a result of the physician's findings during the diagnostic portion of a procedure does not need to be reported.

(2) Each physician office shall execute agreements with its accrediting or certifying entities requiring the entity to report any suspension, restriction, termination, or

adverse accreditation action, the findings of any surveys and complaint or incident investigations, and any data requested by the Board.

(3) Each registered physician shall report to the Board annually in writing a comprehensive list of all procedures performed at each location and the outcome data for all procedures performed. This report shall be filed with the Board on or before January 31 following renewal of the physician's registration and shall report outcome data for the prior calendar year.

(4) A physician office where more than one registered physician performs office-based surgery may make reports on behalf of the physicians.

540-X-10-.16 Registration of Physicians and Physician Offices.

(1) Prior to performing any office-based surgery as defined in this rule, registration is required of any physician who is licensed to practice medicine in Alabama, who maintains a practice location in Alabama, and who performs or offers to perform the following:

(a) Any surgery performed in a physician office which offers moderate sedation, deep sedation, or general anesthesia, as defined in these rules, or

(b) Liposuction when infiltration methods such as the tumescent technique are used, or

(c) Any procedure in which diprivan is administered, given, or used, or

(d) Any procedure involving major upper or lower extremity nerve blocks, or

(e) Magnetic resonance imaging studies and other imaging studies that involve the patient receiving moderate sedation, deep sedation, or general anesthesia.

(2) Registration shall be accomplished on a form provided by the Board. After initially registering a physician office, it shall be the obligation of the registered physician to advise the Board of any change in the practice location within the State of Alabama or any other information required to be reported.

(3) The form for registration of an office-based surgery physician is incorporated as Appendix D to these rules. Registration shall not be automatic and must be approved by the Board, subject to compliance with these rules and all other applicable laws. A practice may register more than one physician using a form incorporated as Appendix E to these rules. The practice must identify a physician who shall be responsible for the accuracy of the registration and all reporting requirements under these rules.

(4) In July 2025, the Board shall cause a notice to be transmitted to every physician who is licensed in the State of Alabama notifying them of the requirements contained in this Chapter.

(5) Annual registration shall be due by January 31 of each year, and registration shall be by electronic means.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama §§ 34-24-53, 34-24-53.1

History: Approved/Adopted: Approved for Publication January 15, 2003.

Published in 1/31/03 Alabama Administrative Monthly. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 Alabama Administrative Monthly. Amended/Approved for Publication: August 20, 2003. Published in

8/29/03 Alabama Administrative Monthly. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003. Amended/Approved: July 20, 2011. Approved/Adopted: September 21, 2011. Effective Date: October 25, 2011. Amended/Approved: June 20, 2018. Effective Date: October 1, 2018. Amended/Approved: November 19, 2020. Certified Rule Filed: February 18, 2021. Effective Date: April 12, 2021.

540-X-10-.17 Denial of Registration: Process and Grounds.

(1) If, after examination of a physician's registration, and after consideration of any information developed by the Board pursuant to an investigation into the qualifications of the physician for registration, the Board determines that there is probable cause to believe there exist grounds upon which the registration may be denied, the Board shall take the following actions:

(a) Defer final decision on the registration; and

(b) Notify the physician of the grounds for possible denial of the registration and the procedure for obtaining a hearing before the Board.

(2) The failure to request a hearing within the time specified in the notice shall be deemed a waiver of such hearing.

(3) If requested by the physician, a hearing shall be set before the Board on the registration.

(4) In the event that a hearing is not requested, the Board shall take action to approve or deny the registration.

(5) All hearings under this rule shall be conducted in accordance with the Alabama Administrative Procedure Act, Ala. Code §§ 41-22-1 et seq. and Ala. Admin. Code Chapter 540-X-6. A decision rendered by the Board at the conclusion of the hearing shall constitute final administrative action of the Board of Medical Examiners for the

purposes of judicial review under Ala. Code § 41-22-20. The registering physician shall have the burden of demonstrating to the reasonable satisfaction of the Board that he or she meets all qualifications and requirements for registration to practice office-based surgery.

(6) The Board may deny a registration on the grounds that:

(a) The registering physician does not meet a requirement of this rule;

(b) The registering physician has failed to provide any information required under this rule;

(c) The registering physician, in the opinion of the Board, is not qualified to perform a specific surgery or is not qualified to perform office-based surgery with reasonable skill and safety to his or her patients;

(d) The registering physician has committed any of the acts or offenses constituting grounds to discipline the applicant in this state pursuant to, but not limited to, Ala. Code §§ 16-47-128, 34-24-360, and 34-24-57; or

(e) The registering physician has submitted or caused to be submitted false, misleading, or untruthful information to the Board in connection with his or her application.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama §§ 34-24-53, 34-24-53.1

History: Approved/Adopted: Approved for Publication January 15, 2003. Published in 1/31/03 Alabama Administrative Monthly. Amended/Approved for Publication: May 21, 2003. Published in 5/30/03 Alabama Administrative Monthly. Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 Alabama Administrative Monthly. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003. Amended/Approved: July 20, 2011. Approved/Adopted: September 21, 2011. Effective Date: October 25, 2011. Amended/Approved: June 20, 2018. Effective Date: October 1, 2018. Amended/Approved: November 19, 2020. Certified Rule Filed: February 18, 2021. Effective Date: April 12, 2021.

540-X-10-.18 Penalties.

(1) A physician may be guilty of unprofessional conduct within the meaning of Ala. Code § 34-24-360(2) if he or she fails to comply with the requirements of these rules or fails to make any mandatory report.

(2) A physician who has been found to be not in compliance with the requirements of Chapter 540-X-10 may have his or her license revoked, suspended, fined, or otherwise disciplined by the Medical Licensure Commission.

(3) The Board may restrict, modify, suspend, deny issuance or renewal, or revoke a physician's registration based on a finding of non-compliance or violation of these rules.

Authors: Alabama Board of Medical Examiners *ad hoc* Committee: Arthur F. Toole, III, M.D.; Jorge A. Alsip, M.D.; James G. Chambers, III, M.D.; Craig H. Christopher, M.D.; Alcus Ray Hudson, M.D.; Pamela D. Varner, M.D.; James E. West, M.D.; and Task Force Sub-Committee: Jeff Plagenhoef, M.D.; Eric Crum, M.D.; Dan J. Coyle, Jr., M.D.; Gary Monheit, M.D.; Robert Hurlbutt, IV, M.D.; C. Paul Perry, M.D.; W. Guinn Paulk, M.D.; Mark McIlwain, D.M.D., M.D.; Jerald Clanton, D.M.D., M.D.; Patrick J. Budny, M.D.; James W. Northington, M.D.; David Franco, M.D.; Thomas E. Moody, M.D.

Statutory Authority: Code of Alabama '34-24-53

History: Amended/Approved for Publication: August 20, 2003. Published in 8/29/03 Alabama Administrative Monthly. Approved/Adopted: October 15, 2003. Effective Date: November 21, 2003.



EXHIBIT D

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

WILLIAM M. PERKINS, EXECUTIVE DIRECTOR

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE.
MONTGOMERY, ALABAMA 36104

TELEPHONE: (334) 242-4116
E MAIL: bme@albme.gov

MEMORANDUM

To: Medical Licensure Commission
From: Mandy Ellis
Date: December 12, 2024
Re: Administrative Rules Approved for Publication

The Board of Medical Examiners, at its meeting December 12, 2024, approved the following rules to be published for public comment in the *Alabama Administratively Monthly*:

- 540-X-3, Appendix A, Application for Initial COQ
- 540-X-3, Appendix B, Application for Initial Limited COQ
- 540-X-3, Appendix C, Application for Initial RSV COQ
- 540-X-3, Appendix D, Application for Renewal of RSV COQ
- 540-X-3, Appendix E, Application for Renewal of Limited COQ
- 540-X-3, Appendix F, Application for Reinstatement of COQ
- 540-X-4-.02, Application for Initial ACSC
- 540-X-4-.03, Application for ACSC Renewal
- 540-X-7, Appendix B, Application for PA License
- 540-X-7, Appendix D, Application for AA License
- 540-X-7, Appendix E, Application for PA/AA Renewal
- 540-X-7, Appendix F, Application for PA/AA Reinstatement
- 540-X-12-.03.01, Application for Initial QACSC-PA
- 540-X-12-.05.01, Application for QACSC-PA Renewal
- 540-X-18-.03.01, Application for Initial QACSC-NP
- 540-X-18-.05.01, Application for QACSC-NP Renewal

Amends applications to comply with the adopted Resolution 4/24, Removal of Intrusive Mental Health Questions from Alabama Licensing and Credentialing Applications:

BE IT RESOLVED, that the Medical Association of the State of Alabama's House of Delegates calls upon the Alabama Board of Medical Examiners to promptly revise the language on its medical license application to be in compliance with the Dr. Lorna Breen Heroes' Foundation;

BE IT FURTHER RESOLVED, that after such revisions have been made, the Alabama Board of Medical Examiners should submit and follow through with the Lorna Breen Heroes' Foundation to ensure that Alabama receives the Well Being Champion designation as soon as possible.

With an expected publication date of December 31, 2024, the public comment period ends February 4, 2025. The anticipated effective date is May 15, 2025.

Attachments:

- 540-X-3, Appendix A, Application for Initial COQ
- 540-X-3, Appendix B, Application for Initial Limited COQ
- 540-X-3, Appendix C, Application for Initial RSV COQ
- 540-X-3, Appendix D, Application for Renewal of RSV COQ
- 540-X-3, Appendix E, Application for Renewal of Limited COQ
- 540-X-3, Appendix F, Application for Reinstatement of COQ
- 540-X-4-.02, Application for Initial ACSC
- 540-X-4-.03, Application for ACSC Renewal
- 540-X-7, Appendix B, Application for PA License
- 540-X-7, Appendix D, Application for AA License
- 540-X-7, Appendix E, Application for PA/AA Renewal
- 540-X-7, Appendix F, Application for PA/AA Reinstatement
- 540-X-12-.03.01, Application for Initial QACSC-PA
- 540-X-12-.05.01, Application for QACSC-PA Renewal
- 540-X-18-.03.01, Application for Initial QACSC-NP
- 540-X-18-.05.01, Application for QACSC-NP Renewal

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

| | |
|-----------------------|---|
| Control: | <u>540</u> |
| Department or Agency: | <u>Alabama Board of Medical Examiners</u> |
| Rule No.: | <u>540-X-3-Appendix-A</u> |
| Rule Title: | <u>Application For Certificate Of Qualification To Practice Medicine In Alabama</u> |
| Intended Action | <u>Repeal and Replace</u> |

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available that could adequately protect the public?

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?

Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3-Appendix-A Application For Certificate Of
Qualification To Practice Medicine In Alabama

INTENDED ACTION: Repeal and Replace

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

~~540-X-3-Appendix-A~~

~~Application For Certificate Of
Qualification To Practice Medicine In
Alabama.~~

~~ALABAMA STATE BOARD OF MEDICAL EXAMINERS
ADMINISTRATIVE CODE~~

~~CHAPTER 3 - APPENDIX A -~~

~~APPLICATION FOR CERTIFICATE OF QUALIFICATION TO PRACTICE MEDICINE
IN ALABAMA~~

[Removed image:]

Application for Certificate of Qualification
to Practice Medicine in Alabama

Under Alabama law, this document is a public record and will be provided upon request.

Application is made via the Federation of State Medical Boards' Uniform Application
(<https://web.archive.org/web/20220621041332/https://www.fsmb.org/uniform-application/>).

Required demographic information:

Please DO NOT provide contact information for office managers, assistants, or license assistance companies.

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Provide a brief description and the location of your intended medical practice in the State of Alabama.

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

[Removed image:]

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?
3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?
4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?
6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?
7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
11. Within the past five years, 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 during 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?

12. Within the past five years, have you been 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?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*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 within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

15. Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program?

15. Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination?

17. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?
18. Pre Medical education: List all schools attended, undergraduate and post-graduate education other than medical school, dates attended, and degree conferred.
19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.
20. Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.
21. Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.
22. Original full license (if applicable): Provide name of state/territory, date issued, license number, and examination taken.
Has this license been the subject of any disciplinary action?
If yes, please provide summary and supporting documentation.
23. List all states where you have been licensed to practice medicine.
List all licenses including training or educational licenses.
24. List all Hospital privileges: List all hospitals where you have held staff privileges of any type, providing dates, hospital names, and complete addresses.

Specialty/Examinations

25. Specialty (if applicable): (choose from list)
26. Specialty board certification: Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?
If yes, have your specialty board send verification to the Board.
27. Have you been certified or re-certified within the past ten years by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?
28. Have you successfully completed a written licensing examination within the last ten years (e.g., USMLE, NBOME, SPEX)?

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature
Photograph

Under Alabama law, this document is a public record and will be provided upon request.

The Alabama Board of Medical Examiners will enforce the Board's rules and option for the issuance of a Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Applicant's typed name

Rev. 01/23

* * * *

Medical School Certification

Certificate of Dean, President, or Registrar

It is hereby certified that [applicant name] matriculated in [medicine/osteopathy] at [name of school] from [start date] to [end date] and received a diploma conferring the degree of Doctor of Medicine/Osteopathy on [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please mark the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Signature of Dean, President, or Registrar

Dean's / President's / Registrar's typed name

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

* * * *

Post Graduate Education Certificate

Certificate of Post Graduate Education Training

I, [name], [Administrator/Medical Education Director/Director of Residency Training Program] of [school/institution], certify that the records of this Program show that [applicant name] is currently enrolled in the [1st/2nd/3rd] year of post graduate training OR has successfully completed [number] year/years of post-graduate training' in this program from [date] to [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical competence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Type name

Signature of [Administrator of Hospital/Medical Education Director/Director of Residency Training] I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Administrator's / Medical Education Director's/ Residency Training Program Director's typed name

Candidates who graduated from an LCME accredited medical school or AOA approved college of osteopathy need to have one (1) year certified.

Candidates who graduated from a non-LCME accredited medical school or non-AOA accredited college of osteopathy need to have three (3) years certified.

"has completed ____ years of post-graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

Declaration of Citizenship and Lawful Presence of an Alien for Public Benefits and Licensing/Permitting Programs

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code §§ 31-13-1, et. seq., prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for

a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government. Ala. Code §§ 31-13-1, et. seq., also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for licenses or permits.

SECTION 1 -- APPLICANT INFORMATION

Name:

Date of birth:

MD / DO / PA License Number (if applicable):

SECTION II -- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (choose one) Yes No

If you answered YES: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered No: Complete Sections III and IV.

Name of document provided: _____

SECTION III -- ALIEN STATUS

Are you an alien lawfully present in the United States? Yes No

If you answered Yes: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered No: Complete Section IV.

Name of document provided: _____

SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge. I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary action.

Date

Upload supporting documentation

----- LIST A

DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

(1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or

a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government. Ala. Code §§ 31-13-1, et. seq., also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for licenses or permits.

SECTION 1 — APPLICANT INFORMATION

Name:

Date of birth:

MD / DO / PA License Number (if applicable):

SECTION II — U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (choose one) Yes No

If you answered YES: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered No: Complete Sections III and IV.

Name of document provided: _____

SECTION III — ALIEN STATUS

Are you an alien lawfully present in the United States? Yes No

If you answered Yes: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered No: Complete Section IV.

Name of document provided: _____

SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge. I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary action.

Date

Upload supporting documentation

----- LIST A

DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

(1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or

nondriver's identification card that the person has provided satisfactory proof of United States citizenship.

(2) The applicant's birth certificate that satisfactorily verifies United States citizenship.

(3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.

(4) The applicant's United States naturalization documents or the number of the certificate of naturalization.

(5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.

(6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.

(7) The applicant's consular report of birth abroad of a citizen of the United States of America.

(8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.

(9) The applicant's certification of report of birth issued by the United States Department of State.

(10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.

(11) The applicant's final adoption decree showing the applicant's name and United States birthplace.

(12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.

(13) An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.

Ala. Act #2011-535, Section 30(c) and Section 29(k).

LIST B

DOCUMENTS INDICATING STATUS OF QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk (*).

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or

Unexpired Temporary I-551 stamp in foreign passport or on * I Form-94.

Asylee

* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;

* Form I-688B (Employment Authorization Card) annotated "274.a12(a)(50";

* Form I-766 (Employment Authorization Document) annotated "A5";

Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
Order of an immigration judge granting asylum.

Refugee

[Removed image:]

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"
- Alien Paroled Into the U.S. for at Least One Year
- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
- Alien Whose Deportation or Removal Was Withheld
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10);
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an Immigration Judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.
- Alien Granted Conditional Entry
- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Document) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."
- Cuban / Haitian Entrant
- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7;
- or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.
- Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty
- U.S. Citizenship and Immigration Service petition and supporting documentation

Author: ~~Alabama Board of Medical Examiners~~

Statutory Authority: ~~Code of Ala. 1975, §34-24-70.~~

History: ~~Filed November 9, 1982. Repealed and new rule adopted in lieu thereof: Filed November 25, 1985. Amended: Filed May 22, 1989. Repealed and Replaced: Filed December 17, 1997; effective January 21, 1998. Amended: Filed July 26, 1999; effective August 30, 1999. Amended: Filed August 18, 2006; effective September 22, 2006. Amended: Filed December 13, 2007; effective January 17, 2008. Amended: Filed October 22, 2009; effective November 26, 2009. Amended: Filed May 16, 2013; effective June 20, 2013. Amended: Filed July 22, 2013; effective August 26, 2013. Amended: Filed March 20, 2014; effective April 24, 2014. Repealed and New Rule: Filed February 27, 2018; effective April 14, 2018. Amended: Filed August 22, 2018; effective October 6, 2018. Amended: Filed April 16, 2019; effective May 31, 2019. Amended: Published February 28, 2020; effective April 13, 2020. Repealed and New Rule: Published December 30, 2022; effective February 13, 2023.~~

540-X-3-Appendix-A

Application For Certificate Of
Qualification To Practice Medicine In
Alabama (Repealed).

(Replace)

Under Alabama law, this document is a public record and will be
provided upon request.

Application is made via the Federation of State Medical Boards'
Uniform Application ([https://web.archive.org/web/20220621041332/
https://www.fsmb.org/uniform-application/](https://web.archive.org/web/20220621041332/https://www.fsmb.org/uniform-application/)).

Required demographic information:

Please DO NOT provide contact information for office managers,
assistants, or license assistance companies.

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is
mandatory that we request and that you provide your social
security number (SSN) on this application. The uses of your SSN
are limited to the purpose of administering the state child
support program and intra-agency for identification purposes. If
your SSN is not provided, your application is not complete and
no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Provide a brief description and the location of your intended
medical practice in the State of Alabama.

Required background information:

If your answer is "yes," please provide a detailed explanation
in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or
convicted of any crime, offense, or violation of any law,
felony, or misdemeanor, including, but not limited to, offenses
related to the practice of medicine, state or federal controlled
substances laws, or driving under the influence (DUI)?

*This question excludes minor traffic violations such as
speeding and parking tickets but includes felony and misdemeanor
criminal matters that have been dismissed, expunged, sealed,
subject to a diversion or deferred prosecution program, or
otherwise set aside.

2 Have you ever been arrested for, cited for, charged with, or
convicted of any sex offender laws or required to register as a
sex offender for any reason?

3. Have you ever had a judgment rendered against you or action
settled relating to an action for injury, damages, or wrongful

death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

11. Within the past five years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?

12. The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program, a physician advocacy organization dedicated to improving the

health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

I have read and understand the statements above.

[Applicant Attestation]

Education/Training/Experience:

13. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

15. Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program?

16. Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination?

17. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?

18. Pre-Medical education: List all schools attended, undergraduate and post-graduate education other than medical school, dates attended, and degree conferred.

19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

20 Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

21. Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.

22. Original full license (if applicable): Provide name of state/territory, date issued, license number, and examination taken.

Has this license been the subject of any disciplinary action? If yes, please provide summary and supporting documentation.

23. List all states where you have been licensed to practice medicine.

List all licenses including training or educational licenses.

24. List all Hospital privileges: List all hospitals where you have held staff privileges of any type, providing dates, hospital names, and complete addresses.

Specialty/Examinations

25. Specialty (if applicable): (choose from list)

26. Specialty board certification: Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?

If yes, have your specialty board send verification to the Board.

27. Have you been certified or re-certified within the past ten years by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?

28. Have you successfully completed a written licensing examination within the last ten years (e.g., USMLE, NBOME, SPEX)?

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature

Photograph

Under Alabama law, this document is a public record and will be provided upon request.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §34 24 70.

History: Filed November 9, 1982. Repealed and new rule adopted in lieu thereof: Filed November 25, 1985. Amended: Filed May 22, 1989. Repealed and Replaced: Filed December 17, 1997;

effective January 21, 1998. Amended: Filed July 26, 1999;
effective August 30, 1999. Amended: Filed August 18, 2006;
effective September 22, 2006. Amended: Filed December 13, 2007;
effective January 17, 2008. Amended: Filed October 22, 2009;
effective November 26, 2009. Amended: Filed May 16, 2013;
effective June 20, 2013. Amended: Filed July 22, 2013;
effective August 26, 2013. Amended: Filed March 20, 2014;
effective April 24, 2014. Repealed and New Rule: Filed February
27, 2018; effective April 14, 2018. Amended: Filed August 22,
2018; effective October 6, 2018. Amended: Filed April 16, 2019;
effective May 31, 2019. Amended: Published February 28, 2020;
effective April 13, 2020. Repealed and New Rule: Published
December 30, 2022; effective February 13, 2023. Repealed:
Published ; effective .

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-3-Appendix-B

Rule Title: Application For A Limited Certificate Of
Qualification

Intended Action: Repeal and Replace

Would the absence of the proposed rule significantly harm or
endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police
power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available
that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly
increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm
that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the
purpose of, and so they have, as their primary effect, the
protection of the public? _____

Does the proposed action relate to or affect in any manner any
litigation which the agency is a party to concerning the subject
matter of the proposed rule? _____

.....
Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer _____

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3-Appendix-B Application For A Limited
Certificate Of Qualification

INTENDED ACTION: Repeal and Replace

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

~~540-X-3-Appendix-B Application For A Limited Certificate Of
Qualification.
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
ADMINISTRATIVE CODE
CHAPTER 3 — APPENDIX B
APPLICATION FOR A LIMITED CERTIFICATE OF QUALIFICATION~~

[Removed image:]

Application for Certificate of Qualification
to Practice Medicine in Alabama Without Examination

Under Alabama law, this document is a public record and will be provided upon request.

Application is made through the school, program, or institution.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Name of Institution

Type of license (check one): Resident Fellow Distinguished Professor Specialty
Professor Visiting Professor State Institution

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

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

11. Within the past five years, 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 during 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?

12. Within the past five years, have you been 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?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*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 within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child? If yes, please provide a brief explanation.

15. Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program?

16. Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical

[Removed image:]

education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination?

17. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?

18. Pre-Medical education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred.

19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

20. Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

21. Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.

22. Have you successfully completed a written licensing examination?
If yes, please choose: ABMS or AOA board certification exam; USMLE; COMLEX;
Other

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

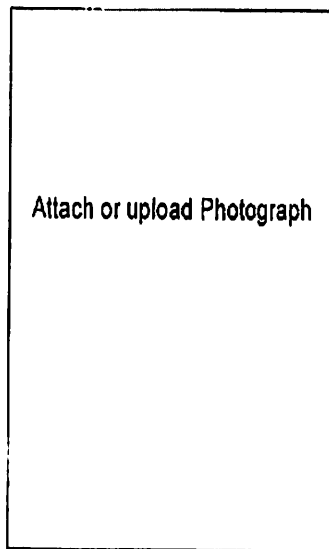
Applicant's signature
Photograph

[Removed image:]

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Applicant's typed name



Certification of Institution: This is to certify that the aforementioned individual is making application for a limited certificate of qualification at this institution.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Name of Dean-School of Medicine, Director-Residency Training Program,
Warden/Medical Director

Print application, attach a recent photograph of yourself, have Dean-Medical School, Director-Residency Training Program, or Warden/Medical Director sign, and return original to the Alabama Board of Medical Examiners.

Rev. 01/23

~~**Author:** Alabama Board of Medical Examiners~~

~~**Statutory Authority:** Code of Ala. 1975, §§34-24-70, 34-24-73, 34-24-75.~~

~~**History:** **Amended:** Filed July 26, 1999; effective August 30, 1999. **Amended:** Filed February 17, 2012; effective March 23, 2012. **Amended:** Filed July 22, 2013; effective August 26, 2013. **Amended:** Filed March 20, 2014; effective April 24, 2014.~~

~~**Repealed and New Rule:** Filed February 27, 2018; effective April 14, 2018. **Amended:** Filed February 20, 2019; effective April 7, 2019. **Amended:** Published February 28, 2020; effective April 13, 2020. **Repealed and New Rule:** Published December 30, 2022; effective February 13, 2023.~~

540-X-3-Appendix-B

Application For A Limited Certificate Of
Qualification (Repealed).

(Replace)

Application for Certificate of Qualification
to Practice Medicine in Alabama Without Examination

Under Alabama law, this document is a public record and will be
provided upon request.

Application is made through the school, program, or institution.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is
mandatory that we request and that you provide your social security
number (SSN) on this application. The uses of your SSN are limited to
the purpose of administering the state child support program and
intra-agency for identification purposes. If your SSN is not provided,
your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Name of Institution

Type of license (check one): Resident Fellow Distinguished Professor
Specialty Professor Visiting Professor State Institution

Required background information:

If your answer is "yes," please provide a detailed explanation in the
space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or
convicted of any crime, offense, or violation of any law, felony, or
misdemeanor, including, but not limited to, offenses related to the
practice of medicine or state or federal controlled substances laws,
or driving under the influence (DUI)?

*This question excludes minor traffic violations such as speeding
and parking tickets but includes felony and misdemeanor criminal
matters that have been dismissed, expunged, sealed, subject to a
diversion or deferred prosecution program, or otherwise set aside.

2 Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

—
Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

—
Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

11. Within the past five years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?

12. The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health

care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program, a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

I have read and understand the statements above.

[Applicant Attestation]

Education/Training/Experience:

13. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

If yes, please provide a brief explanation.

15. Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program?

16. Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination?

17. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?

18. Pre-Medical education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred.

19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

20 Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

21. Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.

22. Have you successfully completed a written licensing examination?

If yes, please choose: ABMS or AOA board certification exam; USMLE; COMLEX; Other

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature

Attach or Upload Photograph

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Applicant's typed name

-

Certification of Institution: This is to certify that the aforementioned individual is making application for a limited certificate of qualification at this institution.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that

the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Name of Dean-School of Medicine, Director-Residency Training Program, Warden/Medical Director

Print application, attach a recent photograph of yourself, have Dean-Medical School, Director-Residency Training Program, or Warden/Medical Director sign, and return original to the Alabama Board of Medical Examiners.

-

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-75

History: Repeal and replace approved November 16, 2017. Repeal and replace filed: February 27, 2018. Effective Date: April 13, 2018. Approved: December 12, 2018. Amended Filed: December 13, 2018. Certified Filed: February 20, 2019. Effective Date: April 8, 2019. Amended/Approved: December 11, 2019. Certified Rule Filed: February 19, 2020. Effective Date: April 13, 2020. Approved: October 20, 2022. Certified Rule Filed December 20, 2022. Effective Date: February 13, 2023.

-

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34 24 70, 34 24 73, 34 24 75.

History: Amended: Filed July 26, 1999; effective August 30, 1999. Amended: Filed February 17, 2012; effective March 23, 2012. Amended: Filed July 22, 2013; effective August 26, 2013. Amended: Filed March 20, 2014; effective April 24, 2014. Repealed and New Rule: Filed February 27, 2018; effective April 14, 2018. Amended: Filed February 20, 2019; effective April 7, 2019. Amended: Published February 28, 2020; effective April 13, 2020. Repealed and New Rule: Published December 30, 2022; effective February 13, 2023. Repealed: Published ; effective .

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-3-Appendix-C

Rule Title: Application For A Certificate Of Qualification Under
The Retired Senior Volunteer Physician Program (RSVP)

Intended Action Repeal and Replace

Would the absence of the proposed rule significantly harm or
endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police
power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available
that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly
increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm
that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the
purpose of, and so they have, as their primary effect, the
protection of the public? _____

Does the proposed action relate to or affect in any manner any
litigation which the agency is a party to concerning the subject
matter of the proposed rule? _____

.....
Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer _____

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3-Appendix-C Application For A Certificate Of
Qualification Under The Retired Senior Volunteer Physician
Program (RSVP)

INTENDED ACTION: Repeal and Replace

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

~~540-X-3-Appendix C~~

~~Application For A Certificate Of
Qualification Under The Retired Senior
Volunteer Physician Program (RSVP).~~

~~ALABAMA BOARD OF MEDICAL EXAMINERS
ADMINISTRATIVE CODE~~

~~CHAPTER 3 -- APPENDIX C~~

~~APPLICATION FOR A CERTIFICATE OF QUALIFICATION UNDER THE RETIRED
SENIOR VOLUNTEER PHYSICIAN PROGRAM (RSVP)~~

[Removed image:]

Application for a Certificate of Qualification under the Retired Senior Volunteer Physician
Program (RSVP)

Under Alabama law, this document is a public record and will be provided upon request.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

[Removed image:]

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

If yes, please provide

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

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

11. Within the past five years, 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 during 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?

12. Within the past five years, have you been 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?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

[Removed image:]

*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 within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. **IMPORTANT:** The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

15. Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program?

16. Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination?

17. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?

18. Pre-Medical education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred.

[Removed image:]

19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

20. Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

Certification:

1. I hereby certify that I am now or was licensed to practice medicine in the states of [list states], that my license to practice medicine in each of the states indicated is now or was on the date of expiration unrestricted and in good standing and that there are no currently pending disciplinary actions or investigations concerning my license in any of the states listed above. I further certify that my license to practice medicine in the states listed above has never been revoked, suspended, placed on probation, or otherwise subject to disciplinary action and that I have not had my hospital medical staff privileges revoked, suspended, curtailed, limited, or surrendered while under investigation.
2. I certify that I am fully retired from the active practice of medicine; however, I wish to volunteer my services as a physician in a free medical clinic located in [city], Alabama, and it is my expectation that I will provide not less than 100 hours of voluntary services for the calendar year [year].
3. I understand and acknowledge that issuance of a certificate of qualification and license to practice medicine under the Retired Senior Volunteer Physician Program requires that I comply with the continuing medical education requirement for physicians as specified in Chapter 14 of the rules of the Alabama Board of Medical Examiners.

Release:

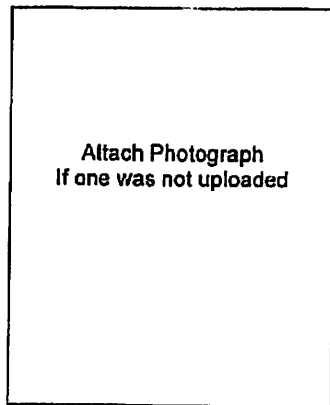
I, [name prints here], certify, that all of the information supplied in the submitted application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Applicant's typed name

[Removed image:]



Print or upload signed affidavit and release, attach color picture if not uploaded, and return original to the Alabama Board of Medical Examiners.

Declaration of citizenship

ALABAMA BOARD OF MEDICAL EXAMINERS DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code §§ 31-13-1, et. seq., prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Ala. Code §§ 31-13-1, et. seq., also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for licenses or permits.

SECTION I --- APPLICANT INFORMATION

Name:

Date of birth:

MD / DO / PA License Number (if applicable):

SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (choose one) Yes No

If you answered YES: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered No: Complete Sections III and IV.

Name of document provided:

SECTION III - ALIEN STATUS

Are you an alien lawfully present in the United States? Yes No

If you answered Yes: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete

Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered No: Complete Section IV.

Name of document provided:

SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

LIST A

DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

- (1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver's identification card that the person has provided satisfactory proof of United States citizenship.
 - (2) The applicant's birth certificate that satisfactorily verifies United States citizenship.
 - (3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.
 - (4) The applicant's United States naturalization documents or the number of the certificate of naturalization.
 - (5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.
 - (6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
 - (7) The applicant's consular report of birth abroad of a citizen of the United States of America.
 - (8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
 - (9) The applicant's certification of report of birth issued by the United States Department of State.
 - (10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
 - (11) The applicant's final adoption decree showing the applicant's name and United States birthplace.
 - (12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.
 - (13) An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.
- Ala. Act #2011-535, Section 30(c) and Section 29(k).

LIST B

DOCUMENTS INDICATING STATUS OF QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk (*).

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
Unexpired Temporary I-551 stamp in foreign passport or on * I Form-94.

Asylee

* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;

* Form I-688B (Employment Authorization Card) annotated "274.a12(a)(50)";

* Form I-766 (Employment Authorization Document) annotated "A5";

Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
Order of an immigration judge granting asylum.

Refugee

* Form I-94 annotated with stamp showing admission under § 207 of the INA;

* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or

* Form I-766 (Employment Authorization Document) annotated "A3"

[Removed image:]

Alien Paroled Into the U.S. for at Least One Year

* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

Alien Whose Deportation or Removal Was Withheld

* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10);

* Form I-766 (Employment Authorization Document) annotated "A10"; or

Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

* Form I-94 with stamp showing admission under §203(a)(7) of the INA;

* Form I-688B (Employment Authorization Document) annotated "274a.12(a)(3)"; or

* Form I-766 (Employment Authorization Document) annotated "A3."

Cuban / Haitian Entrant

* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;

Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7;

or

Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty

U.S. Citizenship and Immigration Service petition and supporting documentation

[Removed image:]

(Letterhead)

CERTIFICATION OF FREE CLINIC

DATE: _____

TO: State Board of Medical Examiners

This is to certify that _____, M.D./D.O. has
agreed to perform no fewer than 100 hours of voluntary professional services annually
at the _____, located at _____.
(Clinic Name)
Alabama, which is an established free medical clinic operating under the provisions of
Ala. Code §6-5-660 and provides outpatient medical care to patients unable to pay
for it.

I understand and agree that by typing my name, I am providing an electronic signature
that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2
and 8-1A-7. I attest that the foregoing information has been provided by me and is true
and correct to the best of my knowledge, information and belief.

Clinic or Facility Administrator

Address

Telephone

Facsimile

Author: ~~Board of Medical Examiners~~

Statutory Authority: ~~Code of Ala. 1975, §§34-24-70, 34-24-73, 34-24-75.~~

History: ~~Repealed:~~ Filed December 17, 1997; effective January 21, 1998. New Appendix: Filed January 21, 2005; effective February 25, 2005. ~~Amended:~~ Filed February 17, 2012; effective March 23, 2012. ~~Amended:~~ Filed July 22, 2013; effective August 26, 2013. ~~Amended:~~ Filed March 20, 2014; effective April 24, 2014. ~~Amended:~~ Filed October 20, 2016; effective December 4, 2014. ~~Repealed and New Rule:~~ Filed February 27, 2018; effective April 14, 2018. ~~Amended:~~ Filed November 1, 2018; effective December 16, 2018. ~~Amended:~~ Published February 28, 2020; effective April 13, 2020. ~~Repealed and New Rule:~~ Published December 30, 2022; effective February 13, 2023.

540-X-3-Appendix-C

Application For A Certificate Of
Qualification Under The Retired Senior
Volunteer Physician Program (RSVP)
(Repealed).

(New Rule)

Application for a Certificate of Qualification under the Retired
Senior Volunteer Physician Program (RSVP)

Under Alabama law, this document is a public record and will be
provided upon request.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is
mandatory that we request and that you provide your social
security number (SSN) on this application. The uses of your SSN
are limited to the purpose of administering the state child
support program and intra-agency for identification purposes. If
your SSN is not provided, your application is not complete and
no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Required background information:

If your answer is "yes," please provide a detailed explanation
in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or
convicted of any crime, offense, or violation of any law,
felony, or misdemeanor, including, but not limited to, offenses
related to the practice of medicine or state or federal
controlled substances laws, or driving under the influence
(DUI)?

*This question excludes minor traffic violations such as
speeding and parking tickets but includes felony and misdemeanor
criminal matters that have been dismissed, expunged, sealed,
subject to a diversion or deferred prosecution program, or
otherwise set aside.

2 Have you ever been arrested for, cited for, charged with, or
convicted of any sex offender laws or required to register as a
sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

11. Within the past five years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?

12. The Board recognizes that licensees encounter potentially
impairing health conditions just as their patients and other
health care providers do, including psychiatric or physical
illnesses which may impact cognition, as well as substance use
disorders. The Board expects its licensees to address their
health concerns, both mental and physical, in a timely manner to
ensure patient safety. Licensees should seek appropriate medical
care and should limit their medical practice when appropriate
and as needed. The Board encourages licensees to utilize the
services of the Alabama Professionals Health Program, a
physician advocacy organization dedicated to improving the
health and wellness of medical professionals in a confidential
manner. The failure to adequately address a health condition,
where the licensee is unable to practice medicine with
reasonable skill and safety to patients, can result in the Board
taking action against the license to practice medicine.

I have read and understand the statements above.

[Applicant Attestation]

Education/Training/Experience:

13. As of the date of this application, has it been more than
two years since the last time you were actively engaged in
clinical practice or direct patient care?

14. Has your medical education, training, or medical practice
been interrupted or suspended, or have you ceased to engage in
direct patient care, for a period longer than 60 days for any
reason other than a vacation or for the birth or adoption of a
child?

15. Have you ever been placed on academic or disciplinary
probation by, or been required to remediate any portion of, a
medical school or postgraduate program?

16. Were limitations or special requirements imposed on you
because of questions of academic, clinical, or disciplinary
problems, or any other reason during your medical education or
postgraduate training, such as repeating a class or classes or
taking time off from school to study for an examination?

17. Have you ever been disciplined for unprofessional conduct/
behavior reasons by a medical school or postgraduate program?

-

18. Pre-Medical education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred.

19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

20. Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

Certification:

1. I hereby certify that I am now or was licensed to practice medicine in the states of [list states], that my license to practice medicine in each of the states indicated is now or was on the date of expiration unrestricted and in good standing and that there are no currently pending disciplinary actions or investigations concerning my license in any of the states listed above. I further certify that my license to practice medicine in the states listed above has never been revoked, suspended, placed on probation, or otherwise subject to disciplinary action and that I have not had my hospital medical staff privileges revoked, suspended, curtailed, limited, or surrendered while under investigation.

2. I certify that I am fully retired from the active practice of medicine; however, I wish to volunteer my services as a physician in a free medical clinic located in [city], Alabama, and it is my expectation that I will provide not less than 100 hours of voluntary services for the calendar year [year].

3. I understand and acknowledge that issuance of a certificate of qualification and license to practice medicine under the Retired Senior Volunteer Physician Program requires that I comply with the continuing medical education requirement for physicians as specified in Chapter 14 of the rules of the Alabama Board of Medical Examiners.

Release:

I, [name prints here], certify that all of the information supplied in the submitted application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result

in the denial of this application or revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Applicant's typed name

Print or upload signed affidavit and release, attach color picture if not uploaded, and return original to the Alabama Board of Medical Examiners.

(Letterhead)

CERTIFICATION OF FREE CLINIC

DATE:

TO: State Board of Medical Examiners

This is to certify that _____, M.D./D.O. has agreed to perform no fewer than 100 hours of voluntary professional services annually at

_____ (Clinic Name), located at _____, Alabama, which is an established free medical clinic operating under the provisions of Ala. Code §6-5-660 and provides outpatient medical care to patients unable to pay for it.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is

true and correct to the best of my knowledge, information and belief.

Clinic or Facility Administrator

Address

Telephone

Facsimile

Email

—

—

Author: Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34 24 70, 34 24 73, 34 24 75.

History: **Repealed:** Filed December 17, 1997; effective January 21, 1998. New Appendix: Filed January 21, 2005; effective February 25, 2005. **Amended:** Filed February 17, 2012; effective March 23, 2012. **Amended:** Filed July 22, 2013; effective August 26, 2013. **Amended:** Filed March 20, 2014; effective April 24, 2014. **Amended:** Filed October 20, 2016; effective December 4, 2014. **Repealed and New Rule:** Filed February 27, 2018; effective April 14, 2018. **Amended:** Filed November 1, 2018; effective December 16, 2018. **Amended:** Published February 28, 2020; effective April 13, 2020. **Repealed and New Rule:** Published December 30, 2022; effective February 13, 2023. **Repealed:** Published ; effective .

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

| | |
|-----------------------|--|
| Control: | <u>540</u> |
| Department or Agency: | <u>Alabama Board of Medical Examiners</u> |
| Rule No.: | <u>540-X-3-Appendix-D</u> |
| Rule Title: | <u>Retired Senior Volunteer Program Certificate Of Qualification Renewal Application</u> |
| Intended Action | <u>Repeal and Replace</u> |

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available
that could adequately protect the public?

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? _____

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

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?

Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3-Appendix-D Retired Senior Volunteer Program
Certificate Of Qualification Renewal Application

INTENDED ACTION: Repeal and Replace

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

~~Retired Senior Volunteer Program
Certificate Of Qualification Renewal
Application.~~

~~ALABAMA BOARD OF MEDICAL EXAMINERS
ADMINISTRATIVE CODE
CHAPTER 3—APPENDIX D~~

[Removed image:]

Retired Senior Volunteer Program Certificate of Qualification Renewal Application

Under Alabama law, this document is a public record and will be provided upon request

Ala. Code § 34-24-75.1 requires that all physicians holding limited licenses under the retired senior volunteer program apply for renewal of the certificate of qualification prior to renewal of the license. Once the application has been completed, please return it to the qualified clinic or nonprofit organization to obtain certification.

Required demographic information:

Full name
Alternate name
Name of qualified clinic or nonprofit organization
License number
Date issued

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.
Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?
*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.
2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?
3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?
4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

[Removed image:]

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?
6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?
7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
11. Within the past five years, 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 during 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?
12. Within the past five years, have you been 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?
13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*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

[Removed image:]

condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. **IMPORTANT:** The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Applicant's typed name

Certification of qualified clinic or nonprofit organization

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information is true and correct to the best of my knowledge, information and belief.

Date

Clinic or Facility Administrator's typed name

Author: ~~Board of Medical Examiners~~

Statutory Authority: ~~Code of Ala. 1975, §§34-24-70, 34-24-73, 34-24-75.~~

History: ~~Repealed:~~ ~~Filed December 17, 1997; effective January 21, 1998. New: Filed December 15, 2005; effective January 19, 2006. Amended:~~ ~~Filed February 17, 2012; effective March 23, 2012. Amended:~~ ~~Filed March 20, 2014; effective April 24, 2014. Repealed and New Rule:~~ ~~Filed February 27, 2018; effective April 14, 2018. Amended:~~ ~~Published February 28, 2020; effective April 13, 2020. Amended:~~ ~~Published December 30, 2022; effective February 13, 2023.~~

540-X-3-Appendix-D

Retired Senior Volunteer Program
Certificate Of Qualification Renewal
Application (Repealed).

(New Rule)

Retired Senior Volunteer Program Certificate of Qualification
Renewal Application

Under Alabama law, this document is a public record and will be
provided upon request

Ala. Code § 34-24-75.1 requires that all physicians holding
limited licenses under the retired senior volunteer program
apply for renewal of the certificate of qualification prior to
renewal of the license. Once the application has been completed,
please return it to the qualified clinic or nonprofit
organization to obtain certification.

Required demographic information:

Full name

Alternate name

Name of qualified clinic or nonprofit organization

License number

Date issued

Required background information:

If your answer is "yes," please provide a detailed explanation
in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or
convicted of any crime, offense, or violation of any law,
felony, or misdemeanor, including, but not limited to, offenses
related to the practice of medicine or state or federal
controlled substances laws, or driving under the influence
(DUI)?

*This question excludes minor traffic violations such as
speeding and parking tickets but includes felony and misdemeanor
criminal matters that have been dismissed, expunged, sealed,
subject to a diversion or deferred prosecution program, or
otherwise set aside.

2 Have you ever been arrested for, cited for, charged with, or
convicted of any sex offender laws or required to register as a
sex offender for any reason?

-

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

11. Within the past five years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?

12. The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program, a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

I have read and understand the statements above.

[Applicant Attestation]

-

Education/Training/Experience:

13. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Applicant's typed name

-

Certification of qualified clinic or nonprofit organization

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information is true and correct to the best of my knowledge, information and belief.

Date

Clinic or Facility Administrator's typed name

Author: Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34 24 70, 34 24 73, 34 24 75.

History: Repealed: Filed December 17, 1997; effective January 21, 1998. New: Filed December 15, 2005; effective January 19, 2006. Amended: Filed February 17, 2012; effective March 23, 2012. Amended: Filed March 20, 2014; effective April 24, 2014.

Repealed and New Rule: Filed February 27, 2018; effective April 14, 2018. Amended: Published February 28, 2020; effective April 13, 2020. Amended: Published December 30, 2022; effective February 13, 2023. Repealed: Published ; effective

.

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Date _____

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3-Appendix-E Limited Certificate Of Qualification
Renewal Application

INTENDED ACTION: Repeal and Replace

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

~~Limited Certificate Of Qualification
Renewal Application.~~

~~ALABAMA BOARD OF MEDICAL EXAMINERS~~

~~ADMINISTRATIVE CODE~~

~~CHAPTER 3 — APPENDIX E~~

~~Limited Certificate of Qualification Renewal Application~~

[Removed image:]

Limited Certificate of Qualification Renewal Application

Under Alabama law, this document is a public record and will be provided upon request.

If you meet the qualifications for a full medical license, you do not qualify for a limited license.

Section 34-24-75, Code of Alabama 1975, as amended, requires that all physicians holding a limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to renewal of the license. Once the application has been completed, return it to the institution for the certification of the Dean, Program Director, Chief Medical Officer, or authorized State Institution individual.

Required demographic information:

Name in Full
Alternate name(s) used
Name of Institution
Home address
Telephone number (H/C)
Email address
License Number
Date Issued

Type of Limited License: (Please Choose One):

Resident
For yes, number of years in current residency program
Fellow
For yes, number of years in current fellowship program
Specialty Professor
For yes, number of years in current teaching position
Distinguished Professor
For yes, number of years in current teaching position
Visiting Professor
For yes, number of years in current teaching position
State Institution
For yes, number of years in current position

Required program/institution information

Do you limit your practice to the confines of the program/institution?
If the answer is no, please explain.

Since you last renewed, have you successfully passed a licensing examination? You answered yes, please choose: board certification USMLE COMLEX SPEX Other

Since you last renewed, have you successfully completed an ACGMC accredited postgraduate year or fellowship? You answered yes, please choose year completed: 1 2 3

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

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

11. Within the past five years, 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 during 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?

12. Within the past five years, have you been 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?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*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 within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the

[Removed image:]

licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Applicant's typed name

Date

Typed Name of Dean, Program Director, Chief Medical Officer, Warden, Medical Director

Name of Program or State Institution

Author: Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34-24-53.1, 34-24-70.

History: **Amended:** Filed October 21, 2010; effective November 25, 2010. **Amended:** Filed February 17, 2012; effective March 23, 2012. **Amended:** Filed March 20, 2014; effective April 24, 2014.

Repealed and New Rule: Filed August 17, 2017; effective October 1, 2017. **Repealed and New Rule:** Filed February 27, 2018;

effective April 14, 2018. **Amended:** Filed February 20, 2019;

effective April 7, 2019. **Amended:** Published February 28, 2020;

effective April 13, 2020. **Repealed and New Rule:** Published

December 30, 2022; effective February 13, 2023.

540-X-3-Appendix-E

Limited Certificate Of Qualification
Renewal Application (Repealed).

(New Rule)

- Limited Certificate of Qualification Renewal Application
- Under Alabama law, this document is a public record and will be provided upon request.
- If you meet the qualifications for a full medical license, you do not qualify for a limited license.

Section 34-24-75, Code of Alabama 1975, as amended, requires that all physicians holding a limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to renewal of the license. Once the application has been completed, return it to the institution for the certification of the Dean, Program Director, Chief Medical Officer, or authorized State Institution individual.

Required demographic information:

Name in Full
Alternate name(s) used
Name of Institution
Home address
Telephone number (H/C)
Email address
License Number
Date Issued

Type of Limited License: (Please Choose One):

Resident

For yes, number of years in current residency program

Fellow

For yes, number of years in current fellowship program

Specialty Professor

For yes, number of years in current teaching position

Distinguished Professor

For yes, number of years in current teaching position

Visiting Professor

For yes, number of years in current teaching position

State Institution

For yes, number of years in current position

Required program/institution information

- Do you limit your practice to the confines of the program/institution?
- If the answer is no, please explain.

If applicable, list each United States Licensing Examination (USMLE) Steps you have passed and the date passed.

USMLE Step 1

USMLE Step 2

USMLE Step 3

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws or driving under the influence (DUI)?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2 Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

-

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

11. Within the past five years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?

12. The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program, a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Applicant's typed name

Date

Typed Name of Dean, Program Director, Chief Medical Officer, Warden, Medical Director

Name of Program or State Institution

Author: Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34 24 53.1, 34 24 70.

History: **Amended:** Filed October 21, 2010; effective November 25, 2010. **Amended:** Filed February 17, 2012; effective March 23, 2012. **Amended:** Filed March 20, 2014; effective April 24, 2014. **Repealed and New Rule:** Filed August 17, 2017; effective October 1, 2017. **Repealed and New Rule:** Filed February 27, 2018; effective April 14, 2018. **Amended:** Filed February 20, 2019; effective April 7, 2019. **Amended:** Published February 28, 2020; effective April 13, 2020. **Repealed and New Rule:** Published December 30, 2022; effective February 13, 2023. **Repealed:** Published _____; effective _____.

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-3-Appendix-F

Rule Title: Application For Reinstatement Of Certificate Of Qualification

Intended Action Repeal and Replace

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? _____

.....
Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer _____

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3-Appendix-F Application For Reinstatement Of
Certificate Of Qualification

INTENDED ACTION: Repeal and Replace

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

~~Application For Reinstatement Of
Certificate Of Qualification
ALABAMA BOARD OF MEDICAL EXAMINERS
ADMINISTRATIVE CODE
CHAPTER 3 — APPENDIX F~~

[Removed image:]

Application for Reinstatement of Certificate of Qualification

Under Alabama law, this document is a public record and will be provided upon request.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Date of revocation/suspension/surrender of certificate of qualification

Reasons for revocation/suspension/voluntary surrender of certificate or license (please give detailed reasons)

Provide a brief description and the location of your intended medical practice in the State of Alabama.

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

[Removed image:]

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?
3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?
4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?
6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?
7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
11. Within the past five years, 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 during 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?

[Removed image:]

12. Within the past five years, have you been 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?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*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 within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

I hereby authorize the release of any information concerning me in your files, favorable or otherwise, to the Alabama Board of Medical Examiners. A copy of this authorization shall be as valid as the original.

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph

[Removed image:]

submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature
Photograph

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date
Applicant's typed name

Author: ~~Board of Medical Examiners~~

Statutory Authority: ~~Code of Ala. 1975, §§34-24-70, 34-24-73, 34-24-75.~~

History: Amended: ~~Filed February 17, 2012; effective March 23, 2012. Amended: Filed March 20, 2014; effective April 24, 2014.~~

Repealed and New Rule: ~~Filed February 27, 2018; effective April 14, 2018. Amended: Published February 28, 2020; effective April 13, 2020. Repealed and New Rule: Published December 30, 2022; effective February 13, 2023.~~

540-X-3-Appendix-F

Application For Reinstatement Of
Certificate Of Qualification (Repealed).

(New Rule)

Application for Reinstatement of Certificate of Qualification
Application for Reinstatement of Certificate of Qualification

Under Alabama law, this document is a public record and will be
provided upon request.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is
mandatory that we request and that you provide your social security
number (SSN) on this application. The uses of your SSN are limited to
the purpose of administering the state child support program and
intra-agency for identification purposes. If your SSN is not provided,
your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Date of revocation/suspension/surrender of certificate of
qualification

Reasons for revocation/suspension/voluntary surrender of certificate
or license (please give detailed reasons)

Provide a brief description and the location of your intended medical
practice in the State of Alabama.

Required background information:

If your answer is "yes," please provide a detailed explanation in the
space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or
convicted of any crime, offense, or violation of any law, felony, or
misdemeanor, including, but not limited to, offenses related to the
practice of medicine or state or federal controlled substances laws,
or driving under the influence (DUI)?

*This question excludes minor traffic violations such as speeding
and parking tickets but includes felony and misdemeanor criminal
matters that have been dismissed, expunged, sealed, subject to a
diversion or deferred prosecution program, or otherwise set aside.

2 Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

11. Within the past five years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?

12. The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health

care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program, a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

I have read and understand the statements above.

[Applicant Attestation]

-

Education/Training/Experience:

13. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

I hereby authorize the release of any information concerning me in your files, favorable or otherwise, to the Alabama Board of Medical Examiners. A copy of this authorization shall be as valid as the original.

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board

of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature
Photograph

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date

Applicant's typed name

Author: Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34 24 70, 34 24 73, 34 24 75.

History: Amended: Filed February 17, 2012; effective March 23, 2012. Amended: Filed March 20, 2014; effective April 24, 2014.

Repealed and New Rule: Filed February 27, 2018; effective April 14, 2018. Amended: Published February 28, 2020; effective April 13, 2020. Repealed and New Rule: Published December 30, 2022; effective February 13, 2023. Repealed: Published _____; effective _____.

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-4-.02

Rule Title: Application For An Alabama Controlled Substances Certificate

Intended Action Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? _____

.....

Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer _____

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-4-.02 Application For An Alabama Controlled
Substances Certificate

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

**Application For An Alabama Controlled
Substances Certificate.**

An applicant for an Alabama Controlled Substances Certificate shall disclose whether:

(1) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation or revoked in any state.

(2) Applicant has ever been convicted of any state or federal crime relating to any controlled substance or driving under the influence (DUI).

(3) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked, or voluntarily surrendered while under investigation.

(4) Applicant's staff privileges at any hospitals have ever been suspended, restricted, or revoked for any reason related to the prescribing or dispensing of controlled substances.

(5) Applicant is currently engaged suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner.

(6) Within the past five years, applicant has raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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. ~~the excessive use of alcohol, controlled substances, or the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues.~~

~~(a) If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.~~ (7) Applicant attests to this

~~(b) The term "currently" as it is used in paragraph (5) above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the last two years.~~

~~(c) Applicant shall initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows:~~

~~IMPORTANT:~~ The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §20-2-51.

History: Filed November 9, 1982, as Rule No. 540-X-2-.25.

Readopted: Filed February 8, 1983. **Rules reorganized--** rule number changed to 540-X-4-.02 (see conversion table at end of code): Filed June 14, 1984 (without publication in AAM).

Amended: Filed February 21, 1986. **Amended:** Published December 30, 2022; effective February 13, 2023. **Amended:** Published _____; effective _____.

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-4-.03

Rule Title: Renewal Of An Alabama Controlled Substances
Certificate

Intended Action Amend

Would the absence of the proposed rule significantly harm or
endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police
power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available
that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly
increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm
that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the
purpose of, and so they have, as their primary effect, the
protection of the public? _____

Does the proposed action relate to or affect in any manner any
litigation which the agency is a party to concerning the subject
matter of the proposed rule? _____

.....
Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer _____

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-4-.03 Renewal Of An Alabama Controlled Substances
Certificate

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

Renewal Of An Alabama Controlled Substances Certificate.

- (1) Renewal of an Alabama Controlled Substances Certificate shall be annually on or before December 31 of each year.
- (2) An applicant for renewal of an Alabama Controlled Substances Certificate shall submit to the Board the required certificate fee of \$150.00.
- (3) Before renewing an Alabama Controlled Substances Certificate, the applicant shall have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.
- (4) Before renewing an Alabama Controlled Substances Certificate, an applicant shall have a current and appropriate registration issued by the United States Drug Enforcement Administration.
- (5) The applicant shall disclose whether:
 - (a) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, or revoked in any state.
 - (b) Applicant has ever been convicted of any state or federal crime relating to any controlled substance or driving under the influence (DUI).
 - (c) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked or voluntarily surrendered while under investigation.
 - (d) Applicant's staff privileges at any hospitals have ever been suspended, restricted, or revoked for any reason related to the prescribing or dispensing of controlled substances.
 - (e) Applicant is currently ~~engaged~~ suffering from any condition that impairs their judgment or that would otherwise adversely affect their ability to practice medicine in a competent, ethical, and professional manner.
 - (f) Within the past five years, applicant has raised the issue of any physical or psychiatric health ~~the excessive use of alcohol, controlled substances, or the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues.~~
 1. ~~If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.~~

~~2. The term "currently" as it is used in paragraph (5) above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician with~~in~~disorder as a defense, mitigation, or explanation for their actions during 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.~~

~~(g) Applicant has read and understood the the last two years.~~

~~3. Applicant shall initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows~~following~~statement:~~

~~IMPORTANT:~~The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of~~health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.~~

~~(f)~~(h) Applicant dispenses controlled substances, other than pharmaceutical samples, from any practice location.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §20-2-51, Act No. 2013-256 (Amendment to §20-2-214.

History: **New Rule:** Filed November 14, 2013; effective December 19, 2013. **Amended:** Published December 30, 2022; effective February 13, 2023. **Amended:** Published ; effective .

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-Appendix-B Application For Licensure Of
Physician Assistant

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

ALABAMA BOARD OF MEDICAL EXAMINERS

APPENDIX B

APPLICATION FOR LICENSURE OF PHYSICIAN ASSISTANT

Under Alabama law, this document is a public record and will be provided upon request.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of Birth

Date of Birth

Social Security Number (Pursuant to Ala. Code §30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws, or driving under the influence (DUI)?
*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.
2. Have you ever been arrested, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?
4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?
6. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?
7. Have you ever been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?
8. Has your certification or license to practice as an assistant to physicians in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
9. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, placed under conditions restricting your practice?
10. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health/Fitness to Practice:

11. ~~Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism~~ Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?
12. ~~Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition~~ years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or

investigation; any injury or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

13.- ~~Within the past five years, have you been 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.- ~~Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?~~

~~*The term "currently" does not mean on the day of, or even in the weeks or month 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 an assistant to physicians within the past two years.~~

~~Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners.~~

14a. ~~IMPORTANT:~~ The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), an advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner.- The failure to adequately address a health condition, where the licensee is unable to practice medicine where the license is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as an assistant to physicians a physician assistant.

~~Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated I have read and understand the statements above.~~

[Applicant Attestation]

Education/Training Experience:

14. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

15. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

When entering attendance dates below, you may use the first date of the month instead of the exact date. . (Ex: attended August 1990 - July 1994, enter 08/01/1990 - 07/01/1994)

Education (beginning with undergraduate degree)

Upload a copy of your diploma(s) reflecting graduation from

a Physician Assistant Program

School Name

Start Date

End Date

School Address

Activities Since Beginning Undergraduate Degree (cover all

time periods)

Place of Employment or Activity

Start Date

End Date

Address

Examination

Have you successfully completed the Physician Assistant National Certifying Examination?

If YES, upload verifying documentation from the National Commission on

Certification of Physician Assistants (NCCPA).

If NO, have you ever taken the examination?

Are you registered to take the PANCE?

If YES upload verifying documentation from the NCCPA.

PANCE Test date:

Current Practice

Are you currently registered, certified to or working for any other primary supervising physician in another state? i.e., Are you presently working as a physician assistant? If so, answer yes.

If YES, provide the name and principal practice location of each primary supervising physician to whom you are certified. In addition, state your designated working hours per week for each physician listed.

Certification of Licensure in Other States

List all states where you have been certified/registered/licensed as an assistant to physicians. Primary source verification is required from any state that does not report physician assistant data to the Federation of State Medical Boards.

Certification and Release:

I, [full name], certify, that all of the information supplied in the submitted-application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of me and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of any certification / licensure granted.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or organization from any liability for the release of information.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Physician Assistant's Signature

Attach Photograph,
If one was not uploaded.

**ALABAMA BOARD OF MEDICAL EXAMINERS
DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN
ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code § 31-13-1, et. seq. prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Act 2011-535 also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for licenses or permits.

SECTION 1 --- APPLICANT INFORMATION

NAME: (Last) (First) (M.I.)

DATE OF BIRTH:

SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one) Yes/
No

If you answered YES: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered No: Complete Sections III and IV.
Name of document provided:

SECTION III - ALIEN STATUS

Are you an alien lawfully present in the United States? Yes/No

If you answered Yes: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates

lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered No: Complete Section IV.

Name of document provided:

SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

APPLICANT'S SIGNATURE

DATE

LIST A

DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

- (1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver's identification card that the person has provided satisfactory proof of United States citizenship.
- (2) The applicant's birth certificate that satisfactorily verifies United States citizenship.
- (3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.
- (4) The applicant's United States naturalization documents or the number of the certificate of naturalization.
- (5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.
- (6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- (7) The applicant's consular report of birth abroad of a citizen of the United States of America.
- (8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
- (9) The applicant's certification of report of birth issued by the United States Department of State.
- (10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- (11) The applicant's final adoption decree showing the applicant's name and United States birthplace.

- (12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.
- (13) An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.

LIST B

DOCUMENTS INDICATING STATUS OF QUALIFIED
ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED
INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on * I Form-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274.a12(a)(50)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
 - * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
 - * Form I-766 (Employment Authorization Document) annotated "A3"
- Alien Paroled Into the U.S. for at Least One Year
- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;

- * Form I-688B (Employment Authorization Document) annotated "274a.12(a)(3)"; or
 - * Form I-766 (Employment Authorization Document) annotated "A3." Cuban/Haitian Entrant
 - * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
 - Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.
- Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty
- U.S. Citizenship and Immigration Service petition and supporting documentation

Author: Alabama State Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34-24-293, 34-24-3-298, 34-24-299, 34-24-303. 34-24-306.

History: Repealed and Replaced: Filed September 21, 1998; effective October 26, 1998. **Amended:** Filed July 23, 1999; effective August 27, 1999. **Repealed and New Appendix:** Filed September 19, 2002; effective October 24, 2002. **Amended:** Filed November 19, 2004; effective December 24, 2004. **Amended:** Filed December 18, 2008; effective January 22, 2009. **Amended:** Filed May 20, 2010; effective June 24, 2010. **Amended:** Filed December 16, 2010; effective January 20, 2011. **Repealed and New Appendix:** Filed February 27, 2018; effective April 14, 2018. **Amended:** Filed August 22, 2018; effective October 6, 2018. **Amended:** Published March 31, 2021; effective May 15, 2021. **Amended:** Published December 30, 2022; effective February 13, 2023. Amended: Published ; effective .

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Date _____

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-Appendix-D Application For Licensure Of
Anesthesiologist Assistant

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

Application For Licensure Of
Anesthesiologist Assistant.
ALABAMA BOARD OF MEDICAL EXAMINERS

APPENDIX D

APPLICATION FOR LICENSURE OF ANESTHESIOLOGIST ASSISTANT

Under Alabama law, this document is a public record and will be provided upon request.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code §30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued.)

Sex

Telephone (H or C)

Telephone (W)

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws, or driving under the influence (DUI)?

* This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?

7. Have you ever been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?

8. Has your certification or license to practice as an assistant to physicians in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

9. Have your privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

10. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health/Fitness to Practice:

11. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, — Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism and professional manner?

12. Within the past five years, have you raised the issue of ~~consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition~~ any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?

13. ~~Within the past five years, have you been 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. ~~Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?~~

~~*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 an assistant to physicians within the past two years.~~

~~Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners.~~

14.a. IMPORTANT: The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health

concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to utilize the services of the Alabama Professionals Health Program (334-954-2596), an advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as an assistant to physicians.

~~I Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated~~have read and understand the statements above.

[Applicant Attestation]

Education/Training/Experience:

14. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

15. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

When entering attendance dates below, you may use the first date of the month instead of the exact date. (Ex: attended August 1990 - July 1994, enter 08/01/1990 - 07/01/1994)

Education (beginning with undergraduate degree)

Upload a copy of your diploma(s) reflecting graduation from an Anesthesiologist Assistant Program
School Name Start
Date End Date
School Address

Activities Since Beginning Undergraduate Degree (cover all time periods)

Place of Employment or Activity Start Date
End Date
Address

Examination

Have you successfully completed the Anesthesiologist Assistant National Certifying Examination?

If YES, upload verifying documentation from the National Commission on Certification of Anesthesiologist Assistants (NCCAA).

If NO, have you ever taken the examination?

Are you registered to take the examination?

If YES upload verifying documentation from the NCCAA. Test date:

Current Practice

Are you currently registered, certified to or working for any other primary supervising physician in another state? i.e., Are you presently working as an anesthesiologist assistant? If so, answer yes.

If YES, provide the name and principal practice location of each primary supervising physician to whom you are certified. In addition, state your designated working hours per week for each physician listed.

Certification of Licensure in Other States

List all states where you have been certified/registered/licensed as an assistant to physicians. Primary source verification is required from any state that does not report anesthesiologist assistant data to the Federation of State Medical Boards.

Certification and Release:

I, [full name], certify that all of the information supplied in the submitted application is true and correct to the best of my knowledge, and that the photograph submitted herein is a true likeness of me and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of any certification/licensure granted.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release of the Alabama Board of Medical Examiners from all liability for the release of this information.

I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief.

Anesthesiologist Assistant's Signature

Author: Alabama State Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34-24-293, 34-24-3-298, 34-24-299, 34-24-303. 34-24-306.

History: Repealed and Replaced: Filed September 21, 1998; effective October 26, 1998. **Amended:** Filed July 23, 1999; effective August 27, 1999. **Repealed and New Appendix:** Filed September 19, 2002; effective October 24, 2002. **Amended:** Filed February 17, 2012; effective March 23, 2012. **Amended:** Filed August 16, 2012; effective September 23, 2012. **Amended:** Filed July 22, 2013; effective August 26, 2013. **Amended:** Filed March 20, 2014; effective April 24, 2014. **Repealed and New Appendix:** Filed February 27, 2018; effective April 14, 2018. **Amended:** Filed August 22, 2018; effective October 6, 2018. **Amended:**

Published March 31, 2021; effective May 15, 2021. **Amended:**
Published December 30, 2022; effective February 13, 2023.____
Amended: Published _____ ; effective _____ .

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

| | |
|-----------------------|---|
| Control: | <u>540</u> |
| Department or Agency: | <u>Alabama Board of Medical Examiners</u> |
| Rule No.: | <u>540-X-7-Appendix-E</u> |
| Rule Title: | <u>Physician Assistant/Anesthesiologist Assistant License Renewal</u> |
| Intended Action | <u>Amend</u> |

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available
that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? _____

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

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?

Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer

Date _____

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-Appendix-E Physician Assistant/Anesthesiologist
Assistant License Renewal

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

Physician Assistant/Anesthesiologist
Assistant License Renewal.

ALABAMA BOARD OF MEDICAL EXAMINERS

APPENDIX E

PHYSICIAN ASSISTANT/ANESTHESIOLOGIST ASSISTANT LICENSE RENEWAL

20XX Physician Assistant/Anesthesiologist Assistant License Renewal

Deadline: December 31, 20XX

Failure to apply for license renewal and pay renewal fee will result in the license automatically being placed in an inactive status, making it illegal for the holder to practice as a Physician Assistant/Anesthesiologist Assistant effective January 1, 20XX.

Under Alabama law, this document is a public record and will be provided upon request.

CME Certification: (Select One)

I hereby certify that I have met or will meet by December 31 the minimum continuing education requirement of 50 AMA PRA Category I Credits™ or equivalent continuing medical education earned within the immediately preceding two calendar years and have or will have supporting documentation if audited.

I hereby certify that I am exempt from the minimum continuing medical education requirement for the following reason (Select One)

I received my initial license to practice in Alabama in the calendar year 20XX.

I am exempt from the CME requirement for the calendar year 20XX because I am a member of a branch of the armed services and I was deployed for military service in the calendar year 20XX.

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 20XX.

National Commission on Certification of Physician Assistants
(NCCPA):

Are you currently certified by NCCPA?

If your answer is "yes", provide your certification number and certification expiration date.

National Commission for Certification of Anesthesiologist
Assistants (NCCAA):

Are you currently certified by NCCAA?

If your answer is "yes", provide your certification number and certification expiration date.

Professional Responsibility Certification

If any answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Since your last renewal, have you been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws, or driving under the influence (DUI)?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Since your last renewal, have you been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Since your last renewal, have you had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. Since your last renewal, to your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Since your last renewal, have you had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Since your last renewal, have you been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?

7. Since your last renewal, has your certification or license to practice as an assistant to physicians in any state or jurisdiction been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Since your last renewal, have your privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application and since your last renewal, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health/Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and — Within the past two years, have you been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism in a professional manner?

11. Within the past two years, have you raised the issue of ~~consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition~~ any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?

12. ~~— Since your last renewal, have you been 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?~~

13. ~~Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?~~

~~*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 an assistant to physicians within the past two years.~~

~~Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners.~~

13.a. ~~IMPORTANT:—~~ The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do.

~~Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to utilize the services of the Alabama Professionals Health Program (334-954-2596), an advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as an assistant to physicians.~~

I have read and understand the statements above.

~~_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.~~
[Applicant Attestation]

Practice Interruption:

14. Since your last renewal, has your professional education, training, or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

15. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

Review the following Registration Agreements (RA) (If any):

Is this Registration Agreement still Active?

How many hours per week do you work under this Registration Agreement?

Please provide a date of termination

What was the reason this Registration Agreement was terminated

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary action.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §34-24-299.

History: Amended: Published January 31, 2024; effective March 16, 2024. New Appendix: Filed July 23, 1999; effective August 27, 1999. **Repealed and New Appendices:** Filed September 19, 2002; effective October 24, 2002. **Amended:** Filed February 17, 2012; effective March 23, 2012. **Amended:** (Appendix C was repealed and original Appendix E was renamed Appendix C; Appendix I was renamed Appendix E) Filed February 27, 2018;

effective April 14, 2018. **Amended:** Published December 30, 2022;
effective February 13, 2023. **Amended:** Published _____;
effective _____.

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

| | |
|-----------------------|---|
| Control: | <u>540</u> |
| Department or Agency: | <u>Alabama Board of Medical Examiners</u> |
| Rule No.: | <u>540-X-7-Appendix-F</u> |
| Rule Title: | <u>Application For Reinstatement Of Physician Assistant/ Anesthesiologist Assistant License</u> |
| Intended Action | <u>Amend</u> |

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available
that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? _____

Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-Appendix-F Application For Reinstatement Of
Physician Assistant/Anesthesiologist Assistant License

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

540-X-7-Appendix-F

Application For Reinstatement Of
Physician Assistant/Anesthesiologist
Assistant License.

ALABAMA BOARD OF MEDICAL EXAMINERS

APPENDIX F
APPLICATION FOR REINSTATEMENT OF
PHYSICIAN ASSISTANT/ANESTHESIOLOGIST ASSISTANT LICENSE

Under Alabama law, this document is a public record and will be provided upon request.

APPLICATION FOR REINSTATEMENT OF
PHYSICIAN ASSISTANT/ANESTHESIOLOGIST ASSISTANT LICENSE

NAME

ADDRESS

INITIAL LICENSE NUMBER

ISSUE DATE

DATE OF REVOCATION/SUSPENSION/SURRENDER OF LICENSE:

REASONS FOR REVOCATION/SUSPENSION/VOLUNTARY SURRENDER OF LICENSE
(Please give detailed reasons)

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws, or driving under the influence (DUI)?

* This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not

limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?

7. Have you ever been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?

8. Has your certification or license to practice as an assistant to physicians in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

9. Have your privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

10. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health/Fitness to Practice:

~~11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?~~

~~12. Within the past five years, 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 during 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?~~

~~13. the five have been driving under influence or Within past years, you convicted of the (DUI), have you been charged with DUI and been convicted of a lesser offense such as reckless driving?~~

~~14. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?~~

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

~~Notice: you an the Health are compliance with contract, may "No" this Such for purpose, certification, not deemed providing If are anonymous participant in Alabama Professionals Program and in your you answer to question. an answer this upon will be as false information to the Alabama Board of Medical Examiners.~~

~~14.a. IMPORTANT:~~ The Board recognizes that licensees encounter potentially impairing health conditions, ~~including those involving health substance disorders, as mental and use just~~ just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees. ~~Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to utilize the services of the Alabama Professionals Health Program (334-954-2596), an advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as an assistant to physicians.~~

~~_____ Please initial to certify that understand acknowledge duty a any condition you and your as licensee to address such as stated~~ I have read and understand the statements above.

[Applicant Attestation]

Education/Training/Experience:

~~15. Has your medical education, training, or medical practice been interrupted~~ As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

~~16. Are you currently registered, certified to or working for any other primary supervising physician/anesthesiologist in another state? ie, are you presently working as a physician/anesthesiologist assistant? If so, answer yes.~~

~~If YES, list the name and principal practice location of each primary supervising physician/anesthesiologist to whom you are certified. In addition, state your designated working hours per week for each physician/anesthesiologist listed.~~

~~17. Have you ever been certified as a physician/anesthesiologist assistant by the Alabama Board of Medical Examiners in the past?~~

~~If YES, please list the names of the physicians/anesthesiologists.~~

~~Please list all states in which you hold or have applied for licensure:~~

Certification and Release:

I, [full name], certify that all of the information supplied in the submitted application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of me and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may

result in the denial of this application or revocation of any certification / licensure granted.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release of the Alabama Board of Medical Examiners from all liability for the release of this information.

I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief.

Assistant to Physicians' Signature

Author: Alabama State Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§34 24 293, 34 24 298, 34 24 299, 34 24 303, 34 24 306.

History: Repealed and Replaced (Entire Appendices for Chapter 7): Filed September 21, 1998; effective October 26, 1998.

Amended (Appendices A D for Chapter is amended Appendices E J is new): Filed July 23, 1999; effective August 27, 1999.

Repealed and New Appendices (A J): Filed September 19, 2002; effective October 24, 2002. **Amended (Appendices I & J only):** Filed May 21, 2004; effective June 25, 2004. **Amended (Appendices B & F only):** Filed November 19, 2004; effective December 24, 2004. **Amended:** Filed April 13, 2006; effective May 18, 2006.

Amended (Appendix A only): Filed April 17, 2008; effective May 22, 2008. **Amended (Added New Appendix K only):** Filed October 15, 2008; effective November 19, 2008. **Amended (Appendix B only):** Filed December 18, 2008; effective January 22, 2009.

Amended (Appendix I only): Filed July 16, 2009; effective August 20, 2009. **Repealed (Appendix J only):** Filed August 5, 2009; effective September 9, 2009. **Amended (Appendix I only):** Filed November 18, 2009; effective December 23, 2009. **Amended:** Filed March 11, 2010; effective April 15, 2010. **Amended (Appendix B only):** Filed May 20, 2010; effective June 24, 2010. **Amended (Appendix I only):** Filed October 21, 2010; effective November 25, 2010. **Amended (Appendix B only):** Filed December 16, 2010; effective January 20, 2011. **Amended (Appendices A, D, E, H, and K only):** Filed February 17, 2012; effective March 23, 2012.

Amended (Appendices D and H only): Filed August 16, 2012; effective September 23, 2012. **Amended (Appendices D and H only):** Filed July 22, 2013; effective August 26, 2013. **Amended (Appendices D, H, I and K only):** Filed March 20, 2014; effective April 24, 2014. **Amended (Appendix F only):** Filed July 21, 2016; effective September 4, 2016. **Repealed and New Rule (Appendix I only):** Filed July 20, 2017; effective September 3, 2017. **Amended (Appendix A only):** Filed February 27, 2018; effective April 14, 2018. **Repealed and New Rule (Appendix B was repealed and Appendix D was renamed Appendix B):** Filed February 27, 2018; effective April 14, 2018. **Repealed and New Rule (Appendix C was repealed and Appendix E was renamed Appendix C):** Filed February 27, 2018; effective April 14, 2018. **Repealed and New Rule (Appendix D was repealed and Appendix H was renamed Appendix D):** Filed February 27, 2018; effective April 14, 2018. **Amended (Appendix I was renamed Appendix D):** Filed February 27, 2018; effective April 14, 2018. **Repealed (Appendix F only):** Filed February 27, 2018; effective April 14, 2018. **Amended (Appendix K was renamed Appendix F):** Filed February 27, 2018; effective April 14, 2018. **Repealed (Appendix G only):** Filed February 27, 2018; effective April 14, 2018. **Amended (Appendices A D only):** Filed August 22, 2018; effective October 6, 2018. **Amended (Appendix A only):** Published November 30, 2020; effective January 14, 2021. **Amended (Appendices B and D only):** Published March 31, 2021; effective May 15, 2021. **Amended (Appendix A only):** Published October 29, 2021; effective December 13, 2021. **Amended (Appendices B, D & E only):** Published December 30, 2022; effective February 13, 2023. **Amended (Appendix F):** Published January 31, 2023; effective March 17, 2023. **Amended:** Published _____; effective _____.

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-12-.03.01 Application For A Qualified Alabama
Controlled Substances Registration Certificate (QACSC)

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

Application For A Qualified Alabama
Controlled Substances Registration
Certificate (QACSC).

An applicant for a Qualified Alabama Controlled Substances Certificate shall disclose whether:

(1) Applicant's privilege for prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory.

(2) Applicant has ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine, state or federal controlled substances laws, or driving under the influence (DUI)? ~~convicted of any state or federal crime relating~~

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside to any controlled substance.

(3) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked, or voluntarily surrendered while under investigation.

(4) Applicant's staff privileges at any hospitals have ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or administering of controlled substances.

(5) Applicant is ~~currently engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health~~ issues currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner.

~~(a) If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.~~ (6)

~~(b) The term "currently" as it is used in paragraph (5) above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's~~

~~functioning as an assistant to physicians within the last two years. Within the last five years~~
~~(c) Applicant shall initial certifying an understanding of a statement of the duty as a licensee, applicant has raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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.~~

~~(7) Applicant has read and understood this statement and attest to their to address any such condition, which states as follows:~~

~~IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self referring~~
understanding: The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program (334-954-2596), a physician, an advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine as a physician assistant.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §20-2-60, et. seq.; Act 2009-489.

History: New Rule: Published December 30, 2022; effective February 13, 2023. **Amended:** Published _____; effective _____.

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-12-.05.01

Rule Title: Renewal Of A Qualified Alabama Controlled Substances
Registration Certificate (QACSC) - Required
Disclosures

Intended Action Amend

Would the absence of the proposed rule significantly harm or
endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police
power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available
that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly
increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm
that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the
purpose of, and so they have, as their primary effect, the
protection of the public? _____

Does the proposed action relate to or affect in any manner any
litigation which the agency is a party to concerning the subject
matter of the proposed rule? _____

.....
Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer _____

Date _____

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-12-.05.01 Renewal Of A Qualified Alabama
Controlled Substances Registration Certificate (QACSC) -
Required Disclosures

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

**Renewal Of A Qualified Alabama Controlled
Substances Registration Certificate (QACSC)
- Required Disclosures.**

- (1) The applicant shall disclose whether:
- (a) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory.
 - (b) Applicant has ever been convicted of any state or federal crime relating to any controlled substance or driving under the influence (DUI).
 - (c) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked, or voluntarily surrendered while under investigation.
 - (d) Applicant's privileges at any hospitals have ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances.
 - (e) Applicant is currently engaged suffering from any condition that impairs their judgment or that would otherwise affect their ability to practice medicine in a competent, ethical, and professional manner.
 - (f) Within the past five years, applicant has raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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.
~~the excessive use of alcohol, controlled substances, or the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues.~~
- ~~1. If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.~~ (g) Applicant has attested to reading and understanding the following statement:
- ~~2. The term "currently" as it is used in paragraph (5) above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as an assistant to physicians within the last two years.~~

~~3. Applicant shall initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows: IMPORTANT: The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the QACSC and/or license to practice as a Physician Assistant license to practice medicine.~~

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§20-2-60, et seq.

History: New Rule: Published December 30, 2022; effective February 13, 2023. **Amended:** Published _____; effective _____.

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-18-.03.01

Rule Title: Application For A Qualified Alabama Controlled
Substances Registration Certificate (QACSC)

Intended Action Amend

Would the absence of the proposed rule significantly harm or
endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police
power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available
that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly
increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm
that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the
purpose of, and so they have, as their primary effect, the
protection of the public? _____

Does the proposed action relate to or affect in any manner any
litigation which the agency is a party to concerning the subject
matter of the proposed rule? _____

.....
Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer _____

Date _____

APA-2

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-18-.03.01 Application For A Qualified Alabama
Controlled Substances Registration Certificate (QACSC)

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

**Application For A Qualified Alabama
Controlled Substances Registration
Certificate (QACSC).**

An applicant for a Qualified Alabama Controlled Substances Certificate shall disclose whether:

(1) Applicant's privilege for prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory.

(2) Applicant has ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine, state or federal controlled substances laws, or driving under the influence (DUI). ~~convicted of any state or federal crime relating~~

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside to any controlled substance.

(3) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked or voluntarily surrendered while under investigation.

(4) Applicant's privileges at any hospitals have ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or administering of controlled substances.

(5) Applicant is currently ~~engaged~~ suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner.

(6) Within the past five years, the applicant has raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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. ~~the excessive use of alcohol, controlled substances, or the~~

(7) Applicant has attested to having read and understood this statement:

The Board recognizes that permittees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its permittees to address their health concerns, both mental and use of illegal drugs,

~~or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues.~~

~~(a) If applicant is an anonymous participant, physical, in a timely manner to ensure patient safety. Permittees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages permittees to utilize the services of the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program and is in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.~~

~~(b) The term "currently" as it is used in paragraph (5) above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a Certified Registered Nurse Practitioner or Certified Nurse Midwife within the last two years.~~

~~(c) Applicant shall initial certifying an understanding of a statement of the duty as a registrant to address any such condition, which states as follows: IMPORTANT: The Board recognizes that registrants encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its registrants to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program (334-293-5200), an advocacy organization dedicated to improving the health and wellness of nursing professionals in a confidential manner. The failure to adequately address a health condition, where the registrant is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the QACSC (VDAP), an advocacy organization dedicated to improving the health and wellness of nursing professionals. The failure to adequately address a health condition, where the permittee is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the Qualified Alabama Controlled Substances Certificate.~~

~~(6) (8) Any disciplinary action has been taken or is pending against applicant with the Alabama Board of Nursing or any other licensing authority of any state, territory, or country.~~

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§20-2-60, et seq.

History: **New Rule:** Publication December 30, 2022; effective February 13, 2023. **Amended:** Published December 29, 2023; effective February 12, 2024. **Amended:** Published _____;
effective _____.

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-18-.05.01

Rule Title: Renewal Of A Qualified Alabama Controlled Substances
Registration Certificate (QACSC) - Required
Disclosures

Intended Action Amend

Would the absence of the proposed rule significantly harm or
endanger the public health, welfare, or safety? _____

Is there a reasonable relationship between the state's police
power and the protection of the public health, safety, or welfare? _____

Is there another, less restrictive method of regulation available
that could adequately protect the public? _____

Does the proposed rule have the effect of directly or indirectly
increasing the costs of any goods or services involved? _____

To what degree?:

Is the increase in cost more harmful to the public than the harm
that might result from the absence of the proposed rule? _____

Are all facets of the rule-making process designed solely for the
purpose of, and so they have, as their primary effect, the
protection of the public? _____

Does the proposed action relate to or affect in any manner any
litigation which the agency is a party to concerning the subject
matter of the proposed rule? _____

.....
Does the proposed rule have an economic impact? _____

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 Services Agency.

Signature of certifying officer _____

Date _____

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-18-.05.01 Renewal Of A Qualified Alabama
Controlled Substances Registration Certificate (QACSC) -
Required Disclosures

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

CONTACT PERSON AT AGENCY:

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

**Renewal Of A Qualified Alabama Controlled
Substances Registration Certificate (QACSC)
- Required Disclosures.**

- (1) The applicant shall disclose whether:
- (a) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory.
 - (b) Applicant has ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine, state or federal controlled substances laws, or driving under the influence (DUI)? ~~convicted of any state or federal crime relating~~
*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside to any controlled substance.
 - (c) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked or voluntarily surrendered while under investigation.
 - (d) Applicant's privileges at any hospitals have ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances.
 - (e) Applicant is currently ~~engaged~~ suffering from any condition that impairs their judgment or that would otherwise adversely affect their ability to practice in a competent, ethical, and professional manner.
 - (f) Within the past five years, applicant has raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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. ~~the excessive use of alcohol, controlled substances, or~~
 - (g) Applicant has attested to have reading and understanding the following statement:
The Board recognizes that permittees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its permittees to address their health concerns,

~~both mental and use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues.~~

~~1. If applicant is an anonymous participant in physical, in a timely manner to ensure patient safety. Permittees should seek appropriate medical care and should limit their practice when appropriate and as needed. The Board encourages permittees to utilize the services of the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program and in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.~~

~~2. The term "currently" as it is used in paragraph (5) above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a Certified Registered Nurse Practitioner or Certified Nurse Midwife within the last two years.~~

~~3. Applicant shall initial certifying an understanding of a statement of the duty as a registrant to address any such condition, which states as follows: IMPORTANT: The Board recognizes that registrants encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its registrants to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program (334-293-5200), an advocacy organization dedicated to improving the health and wellness of nursing professionals in a confidential manner. The failure to adequately address a health condition, where the registrant/permittee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the QACSC Qualified Alabama Controlled Substances Certificate.~~

~~(f)(h)~~ Any disciplinary action has been taken or is pending against applicant with the Alabama Board of Nursing or any other licensing authority of any state, territory, or country.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §§20-2-60, et seq.

History: New Rule: Publication December 30, 2022; effective February 13, 2023. **Amended:** Published December 29, 2023;

effective February 12, 2024. Amended: Published _____ ;
effective _____.

**EXHIBIT
E**

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

**KRISTIN TAYLOR BRUNSVOLD,
M.D.,**

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2024-147

ORDER

This matter is before the Medical Licensure Commission of Alabama on the “Motion to Dismiss” filed by the Board on December 17, 2024. As grounds for dismissal, the Board says that Respondent has agreed to an appropriate practice re-entry plan. For good cause shown, the Board’s Motion to Dismiss is granted, and this proceeding is dismissed without prejudice.

DONE on this the 26th day of December, 2024.

**THE MEDICAL LICENSURE
COMMISSION OF ALABAMA**

By:

E-SIGNED by Jorge Alsip, M.D.
on 2024-12-26 08:19:18 CST

**Jorge A. Alsip, M.D.
its Chairman**

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

JOHN HUGH CAMPBELL, M.D.,

Respondent.

EXHIBIT

F

**BEFORE THE MEDICAL
LICENSURE COMMISSION
OF ALABAMA**

CASE NO. 2023-156

ORDER SETTING HEARING
For Contested Cases Initiated by Administrative Complaint
Four-Member Panel Hearing

The Medical Licensure Commission has received the verified Administrative Complaint filed by the Alabama State Board of Medical Examiners in this matter. The Commission has determined that this matter is due to be set down for hearing under the provisions of Ala. Code § 34-24-361(e). This Order shall serve as the Notice of Hearing prescribed in Ala. Admin. Code r. 545-X-3-.03(3), (4). The Commission's legal authority and jurisdiction to hold the hearing in this matter are granted by Article 8, Chapter 24, Title 34 of the Code of Alabama (1975), and the particular sections of the statutes and rules involved are as set forth in the Administrative Complaint and in this Order.

1. Service of the Administrative Complaint

A copy of the Administrative Complaint and a copy of this Order shall be served forthwith upon the Respondent, by personally delivering the same to Respondent if he or she can be found within the State of Alabama, or, by overnight courier, signature required, to Respondent's last known address if he or she cannot be found within the State of Alabama. The Commission further directs that personal service of process shall be made by M b Steelman, who is designated as the duly authorized agent of the Commission.

2. Appointment of, and Referral To, Hearing Panel; Initial Hearing Date

A hearing panel is hereby constituted, consisting of Commission members Aldridge, Alsip, Christopher, and Nagrodzki, and this matter is hereby referred to such hearing panel for the conduct of a hearing and the entry of proposed findings to be considered by the full Commission. *See* Ala. Code § 34-24-366; Ala. Admin. Code r. 545-X-3-.14.

This matter is set for a hearing as prescribed in Ala. Code §§ 34-24-360, *et seq.*, and Ala. Admin. Code Chapter 545-X-3, to be held on Wednesday, February 12, 2025, at 9:00 a.m., at 3300 Cahaba Road, Suite 320, Birmingham, Alabama, 35223. Unless otherwise specified by the Commission, the hearing will be held in person. All parties and counsel are expected to appear and to be prepared for the hearing at this date, time, and place.

3. Appointment of Hearing Officer

The Commission appoints the Honorable William R. Gordon, Circuit Judge (Ret.) as the Hearing Officer in this matter, pursuant to Ala. Admin. Code r. 545-X-3-.08. The Hearing Officer shall exercise general superintendence over all pre-hearing proceedings in this matter, and shall serve as the presiding officer at the hearing, having and executing all powers described in Ala. Admin. Code r. 545-X-3-.08(1)(a)-(g).

4. Answer

Respondent shall file an Answer, as prescribed in Ala. Admin. Code r. 545-X-3-.03(6), within 20 calendar days of the service of the Administrative Complaint. If Respondent does not file such an Answer, the Hearing Officer shall enter a general denial on Respondent's behalf.

5. Rescheduling/Motions for Continuance

All parties and attorneys are expected to check their schedules immediately for conflicts. Continuances will be granted only upon written motion and only for good cause as determined by the Chairman (or, in his absence, the Vice-Chairman) of the Medical Licensure Commission. Continuances requested on grounds of engagement of legal counsel on the eve of the hearing will not be routinely granted.

6. Case Management Orders

The Hearing Officer is authorized, without further leave of the Commission, to enter such case management orders as he considers appropriate to the particular case. Among any other matters deemed appropriate by the Hearing Officer, the Hearing Officer may enter orders addressing the matters listed in Ala. Admin. Code r. 545-X-3-.03(5)(a)-(f) and/or 545-X-3-.08(1)(a)-(g). All parties will be expected to comply with such orders.

7. Manner of Filing and Serving Pleadings

All pleadings, motions, requests, and other papers in this matter may be filed and served by e-mail. All filings shall be e-mailed to:

- The Hearing Officer, William Gordon (wrgordon@charter.net);
- The Director of Operations of the Medical Licensure Commission, Rebecca Robbins (rrobbins@almlc.gov);
- General Counsel of the Medical Licensure Commission, Aaron Dettling (adettling@almlc.gov);
- General Counsel for the Alabama Board of Medical Examiners, Wilson Hunter (whunter@albme.gov); and
- Respondent/Licensee or his or her counsel, as appropriate.

The Director of Operations of the Medical Licensure Commission shall be the custodian of the official record of the proceedings in this matter.

8. Discovery

Consistent with the administrative quasi-judicial nature of these proceedings, limited discovery is permitted, under the supervision of the Hearing Officer. *See* Ala. Code § 41-22-12(c); Ala. Admin. Code r. 545-X-3-.04. All parties and attorneys shall confer in good faith with one another regarding discovery. If disputes regarding discovery are not resolved informally, a motion may be filed with the Hearing Officer, who is authorized to hold such hearings as appropriate and to make appropriate rulings regarding such disputes.

9. Publicity and Confidentiality

Under Alabama law, the Administrative Complaint is a public document. The hearing itself is closed and confidential. The Commission's written decision, if any, will also be public. *See* Ala. Code § 34-24-361.1; Ala. Admin. Code r. 545-X-3-.03(10)(h), (11).

10. Stipulations

The parties are encouraged to submit written stipulations of matters as to which there is no basis for good-faith dispute. Stipulations can help to simplify and shorten the hearing, facilitate the Commission's decisional process, and reduce the overall costs of these proceedings. Written stipulations will be most useful to the Commission if they are submitted in writing approximately 10 days preceding the

hearing. The Hearing Officer is authorized to assist the parties with the development and drafting of written stipulations.

11. Judicial Notice

The parties are advised that the Commission may take judicial notice of its prior proceedings, findings of fact, conclusions of law, decisions, orders, and judgments, if any, relating to the Respondent. *See* Ala. Code § 41-22-13(4); Ala. Admin. Code r. 545-X-3-.09(4).

12. Settlement Discussions

The Commission encourages informal resolution of disputes, where possible and consistent with public interest. If a settlement occurs, the parties should notify the Hearing Officer, the Commission's Director of Operations, and Commission's General Counsel. Settlements involving Commission action are subject to the Commission's review and approval. To ensure timely review, such settlements must be presented to the Commission no later than the Commission meeting preceding the hearing date. Hearings will not be continued based on settlements that are not presented in time for the Commission's consideration during a monthly meeting held prior to the hearing date. The Commission Vice-Chairman may assist the parties with the development and/or refinement of settlement proposals.

13. Subpoenas

The Commission has the statutory authority to compel the attendance of witnesses, and the production of books and records, by the issuance of subpoenas. *See* Ala. Code §§ 34-24-363; 41-22-12(c); Ala. Admin. Code r. 545-X-3-.05. The parties may request that the Hearing Officer issue subpoenas for witnesses and/or documents, and the Hearing Officer is authorized to approve and issue such subpoenas on behalf of the Commission. Service of such subpoenas shall be the responsibility of the party requesting such subpoenas.

14. Hearing Exhibits

- A. Parties and attorneys should, if possible, stipulate as to the admissibility of documents prior to the hearing.
- B. The use of electronic technology, USB drives, CD's, DVD's, etc. is acceptable and encouraged for voluminous records. If the Commission members will need their laptop to view documents, please notify the Hearing Officer prior to your hearing.
- C. If providing hard copies, voluminous records need not be copied for everyone but, if portions of records are to be referred to, those portions should be copied for everyone.
- D. If a document is to be referred to in a hearing, copies should be available for each Commission member, the Hearing Officer, the Commission's General Counsel, opposing attorney, and the court reporter (12 copies).
- E. Index exhibits/documents for easy reference.
- F. Distribute exhibit/document packages at the beginning of the hearing to minimize distractions during the hearing.

15. Administrative Costs

The Commission is authorized, pursuant to Ala. Code § 34-24-381(b) and Ala. Admin. Code r. 545-X-3-.08(9) and (10), to assess administrative costs against the Respondent if he or she is found guilty of any of the grounds for discipline set forth in Ala. Code § 34-24-360. The Board of Medical Examiners [X]has / []has not given written notice of its intent to seek imposition of administrative costs in this matter.

16. Appeals

Appeals from final decisions of the Medical Licensure Commission, where permitted, are governed by Ala. Code § 41-22-20 and 34-24-367.

DONE on this the 31st day of December, 2024.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2024-12-31 11:47:44 CST

Jorge Alsip, M.D.
its Chairman

Distribution:

- Honorable William R. Gordon (incl. Administrative Complaint)
- Rebecca Robbins
- Respondent/Respondent's Attorney
- E. Wilson Hunter
- Aaron L. Dettling

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,

Complainant,

vs.

KAMALEDIN HASSAN KAMAL, M.D.,

Respondent.

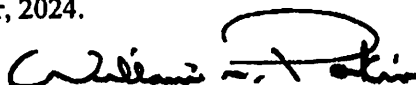
CASE NO.: 2024-355

NOTICE OF INTENT TO CONTEST REINSTATEMENT

Pursuant to ALA. CODE § 34-24-337, the Alabama State Board of Medical Examiners ("the Board") hereby gives notice of the Board's intent to contest the reinstatement of the license to practice medicine in Alabama of Kamaledin Hassan Kamal, M.D. ("Respondent"), license number MD.27906. The Board has probable cause to believe that grounds exist for the denial of the application for reinstatement and will exhibit the same in its forthcoming Administrative Complaint.

The Board requests that a hearing be scheduled before the Medical Licensure Commission prior to a decision regarding the reinstatement of Respondent's license to practice medicine in Alabama.

EXECUTED this 5th day of December, 2024.



William M. Perkins
Executive Director
ALABAMA STATE BOARD OF MEDICAL EXAMINERS



E. Wilson Hunter, General Counsel
Alicia Harrison, Associate General Counsel
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
Post Office Box 946
Montgomery, Alabama 36101-0946
Telephone: 334-242-4116
Email: whunter@albme.gov
aharrison@albme.gov

EXHIBIT
H

BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

vs.

RICHARD KIM, M.D.,

Respondent.

CASE NO.: 2024-354

NOTICE OF INTENT TO CONTEST REINSTATEMENT

Pursuant to ALA. CODE § 34-24-337, the Alabama State Board of Medical Examiners (“the Board”) hereby gives notice of the Board’s intent to contest the reinstatement of the license to practice medicine in Alabama of Richard Kim, M.D. (“Respondent”), license number MD.11039. The Board has probable cause to believe that grounds exist for the denial of the application for reinstatement and will exhibit the same in its forthcoming Administrative Complaint.

The Board requests that a hearing be scheduled before the Medical Licensure Commission prior to a decision regarding the reinstatement of Respondent's license to practice medicine in Alabama.

EXECUTED this 5th day of December, 2024.

William J. Pelt

William M. Perkins
Executive Director
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

HAZ

E. Wilson Hunter, General Counsel
Alicia Harrison, Associate General Counsel
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
Post Office Box 946
Montgomery, Alabama 36101-0946
Telephone: 334-242-4116
Email: whunter@albme.gov
aharrison@albme.gov

EXHIBIT

I

**In re: OMAR IBRAHIM
MASSOUD, M.D., License No.
MD.29798**

**BEFORE THE MEDICAL
LICENSURE COMMISSION
OF ALABAMA**

ORDER

This matter is before the Medical Licensure Commission of Alabama on Dr. Massoud's voluntary surrender of his license to practice medicine in Alabama, identified as MD.29798. The Commission accepts Dr. Massoud's voluntary surrender.

DONE on this the 26th day of December, 2024.

**THE MEDICAL LICENSURE
COMMISSION OF ALABAMA**

By:

E-SIGNED by Jorge Alsip, M.D.
on 2024-12-26 08:02:10 CST

Jorge A. Alsip, M.D.
its Chairman

Charles T. Nevels, M.D.
Order Unavailable
Exhibit J

EXHIBIT

K

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

TRUNG NAM NGUYEN, D.O.,

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2023-077

FINDINGS OF FACT AND CONCLUSIONS OF LAW

This matter came before the Medical Licensure Commission of Alabama for a contested case hearing on December 18, 2024. After receiving and considering all of the relevant evidence and argument, we find the Respondent, Trung Nam Nguyen, D.O., guilty of the disciplinary charges presented by the Board and impose professional discipline as set forth below.

I. Introduction and Statement of the Case

The Respondent in this case is Trung Nam Nguyen, D.O. ("Respondent"). Respondent is a licensee of this Commission who, at the relevant times, practiced weight-loss telemedicine from a central location in the Tyler, Texas area. Respondent was first licensed by the Commission on June 27, 2018, having been issued license no. DO.1864.

II. Procedural History

This case began with an Administrative Complaint filed by the Board with the Commission on or about August 9, 2024. The Administrative Complaint contains five counts. In Counts One through Four, the Board alleges that Respondent has been subjected to disciplinary actions by four other state medical boards (*i.e.*, Kentucky, Mississippi, Oregon, and Colorado) for reasons that would be grounds for discipline in Alabama, in violation of Alabama Code § 34-24-360(15). In Count Five of the Administrative Complaint, the Board alleges that Respondent “has demonstrated an inability to practice medicine with reasonable skill and safety to his patients by reason of a lack of basic medical knowledge and clinical competency,” contrary to Ala. Code § 34-24-360(20)a.

On December 18, 2024, we conducted a full evidentiary hearing on these charges as prescribed in Ala. Admin. Code r. 545-X-3. The case supporting the disciplinary charges was presented by the Alabama Board of Medical Examiners through its attorneys E. Wilson Hunter and Alicia Harrison. Respondent was represented by attorneys Stephen Angelette and Xeris Gregory. Pursuant to Ala. Admin. Code r. 545-X-3-.08(1), the Honorable William R. Gordon presided as Hearing Officer. Each side was offered the opportunity to present evidence and argument in support of its respective contentions, and to cross-examine the witnesses presented by the other side. After careful review, we have made our own independent judgments regarding the weight and credibility to be afforded to the evidence, and the fair and reasonable

inferences to be drawn from it. Having done so, and as prescribed in Ala. Code § 41-22-16, we enter the following Findings of Fact and Conclusions of Law.

III. Findings of Fact

1. The Respondent in this case is Trung Nam Nguyen, D.O. Respondent was first licensed to practice medicine in the State of Alabama June 27, 2018, having been issued license no. DO.1864. At the relevant times, Respondent practiced weight-loss telemedicine from a home base located in Tyler, Texas, through a company known as Express Health Systems. At one time, Respondent held medical licenses in 46 states and the District of Columbia.

2. Respondent was certified by the American Board of Family Medicine in 2003 and was re-certified by that Board in 2015. In addition to obesity medicine, Respondent practices part-time as an emergency physician in Texas.

3. In March 2023, The Board received a National Practitioner Data Bank ("NPDB") report indicating that the Kentucky Board of Medical Licensure had disciplined Respondent's license to practice medicine in that state.

4. The Board opened an investigation of Respondent on or about March 20, 2023. (Board Ex. 3, 4.) Shortly thereafter, a Board investigator spoke by phone with Respondent, and Respondent indicated that he would surrender his Alabama Controlled Substances Certificate. Respondent did surrender his ACSC on or about March 22, 2023. (Board Ex. 5.)

5. The Kentucky Board's investigation and action arose out of concerns that Respondent may have prescribed controlled substances improperly, including the possibility of overlapping prescriptions. Respondent claims that he addressed many of Kentucky's concerns but admitted that he did not specifically check the Kentucky All Schedule Prescription Electronic Reporting ("KASPER") database for patients located in Kentucky before prescribing controlled substances. Instead, Respondent contends, he relied on the similar prescription reporting system in Virginia to provide information about Kentucky patients.

6. The Kentucky Board also engaged a consultant to review eight of Respondent's bariatric patient charts. The Kentucky Board's consultant found that all eight charts were below the minimum standards expected of Kentucky physicians. Respondent took issue with the consultant's findings.

7. Still, to resolve the Kentucky Board's concerns, Respondent entered into an "Agreed Order" with the Kentucky Board dated March 8, 2023. (Board Ex. 2.) In relevant part, the Kentucky Board Order provided:

1. The license to practice osteopathy within the Commonwealth of Kentucky held by Trung Nam Nguyen, D.O., is RESTRICTED / LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Agreed Order.

2. During the effective period of this Agreed Order, the licensee's osteopathic license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

- a. The licensee SHALL NOT prescribe, dispense, administer, or otherwise professionally utilize controlled substances unless and until approved to do so by the Panel;
 - b. Pursuant to KRS 311.565(1)(v), the licensee SHALL REIMBURSE the Board's costs of \$1,750.00 within six (6) months from entry of this Agreed Order and
 - c. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee understands and agrees that the Panel SHALL NOT consider a request by the licensee to resume prescribing, dispensing, administering or the professional utilization of controlled substances unless and until the Board has received an assessment report, and educational or remediation plan (if recommended), following the licensee's completion of a clinical skills assessment(s) in the specialty of bariatric (weight loss and/or management) medicine, at his expense, from either:
- a. Center for Personalized Education for Professionals ("CPEP"), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232 Fax: (303) 577-3241; or
 - b. LifeGuard, 400 Winding Creek Boulevard, Mechanicsburg, Pennsylvania, 17050, Tel. (717) 909-2590.

(Board Ex. 2 at 5, 6.)

8. In response to the Kentucky Order, Respondent submitted to clinical competency evaluations at LifeGuard twice—once in July-August 2023, and once in October 2023.

9. Respondent's first LifeGuard assessment included neurocognitive screening, the Post-Licensure Assessment System ("PLAS") Testing Module on the subject area of Family Medicine, oral case presentations, a medical records and

encounter review, a test of knowledge on opioids and controlled substance prescribing, and an interview with LifeGuard's Medical Director. (Board Ex. 9 at 1.)

10. The PLAS module administered to Respondent was a computer-based multiple choice testing module on family medicine. This test is one of several developed by the National Board of Medical Examiners and the Federation of State Medical Boards and is generally used to evaluate the clinical knowledge of third-year medical students at the end of a clinical training clerkship process. A passing score is required to advance to the next level of training. The test administered to Respondent was the same module administered in 2021 and 2022 to first-time test takers from LCME-accredited medical schools. Respondent's score on this test was 61, compared to a minimum recommended passing score of 68. (Board Ex. 9 at 3, 4.) Dr. Sagin noted that Respondent's score was "surprising" and was one of the lowest scores he had seen by practicing physicians evaluated at LifeGuard. Dr. Sagin further noted that a third-year medical student earning a 61 on this test would certainly be required to repeat his or her clerkship.

11. Respondent completed the oral case presentations part of the assessment with Dr. Janine V. Kyrillos, MD, FACP, on July 31, 2023. The oral case presentations covered six cases in the domain of bariatric medicine. Dr. Kyrillos opined that Respondent "expressed a good general understanding of the difficulties and challenges that people with excess weight and obesity face and their barriers to treatment. He seemed genuine in his desire to treat this population." (Board Ex. 9 at 6.) Dr. Kyrillos

did not express any concerns about Respondent's prescribing of phentermine, noting that he "could have actually been more aggressive prescribing it in certain situations." (*Id.* at 7.) Still, Dr. Kyrillos found that Respondent's "attention to obesity-related conditions that could affect or be affected by anti-obesity medications, such as hypertension, diabetes, sleep apnea, and fertility, should be further developed." (*Id.* at 7.) Dr. Kyrillos also recommended that Respondent would "benefit from developing more connections with other clinicians who are practicing obesity medicine through conferences, membership in the Obesity Medicine Association or the Obesity Society, and through professional forums on social media." (*Id.* at 7.)

12. Dr. Kyrillos also reviewed 10 randomly-selected patient charts, and evaluated them for "quality of care, medical knowledge, decision-making processes, treatment provided and/or recommended and adherence to standards of care of bariatric medicine." (*Id.* at 7.) Dr. Kyrillos had only limited concerns with Respondent's use of phentermine: Dr. Kyrillos' chart review did reveal one patient out the 10 reviewed whose blood pressure would have been a contraindication.

13. Dr. Kyrillos identified some issues with Respondent's documentation methods. Specifically, Dr. Kyrillos noted that Respondent tended to use "very similar documentation for his patients with very little variation. With the exception of the medication and the blood pressure module, there was no individualized evaluation or plan indicated, as the chart notes were almost identical. There was also little variation when documenting 'eating patterns' and 'physical symptoms.'" (*Id.* at 8.)

14. Next, LifeGuard administered an 88-question examination on opioids and controlled substance prescribing. This assessment is designed to measure a physician's knowledge of acute and chronic pain management, alternative therapies, prescribing of opioids and other controlled substances, related documentation, goals of opioid therapy, mechanisms of pain, pharmacologic actions of opioids and other controlled substances, and other related topics. Respondent scored 68%, which is below the minimum passing score of 85% established by LifeGuard. (*Id.* at 8.)

15. The LifeGuard assessment team met on August 3, 2023, to discuss the overall results of the evaluation process. The team believed that Respondent, "as a board-certified family medicine physician and an active emergency doctor[,] . . . should have a solid base of knowledge in general medicine, which was not demonstrated in his NBME results." (*Id.* at 10.) The assessment team did not have major concerns with Respondent's prescribing of phentermine but noted "that his results in family medicine knowledge testing and his medical chart review demonstrated some need for educational remediation to further enhance his knowledge base. This is pertinent because while [Respondent] primarily specializes in obesity medicine, he will still encounter and need to treat general medical issues for his patients. [Respondent] also demonstrated some deficiencies in thorough medical documentation." (*Id.* at 12.)

16. Overall, LifeGuard recommended that Respondent complete four specific Continuing Medical Education courses to enhance his knowledge, and that he continue to prepare for his board certification examination. LifeGuard recommended that

Respondent, after completing these remedial education steps, be re-evaluated “to get further evidence of Dr. Nguyen’s ability to treat his patients as a whole as opposed to just for obesity care.” (*Id.* at 13.)

17. Respondent returned to LifeGuard for re-evaluation in October 2023. (Board Ex. 10 at 2.) The re-evaluation included many of the same assessment components as the first evaluation.

18. Respondent re-took the same multiple-choice NBME examination in family medicine that he had taken just a few months before. On the re-test, Respondent scored 62, again falling below the minimum recommended passing score of 68. (Board Ex. 10 at 2, 3.)

19. Respondent performed oral case presentations of six cases with Dr. Mark Abraham, JD, DO, FAAFP, covering cases that would be typical of a family practice or emergency physician. Dr. Abraham opined on Respondent’s performance on the oral case presentations as follows:

Dr. Nguyen’s approach to the patient cases was generally haphazard, disjointed, and at times frenetic. He often missed critical elements of a patient’s work-up. His physical exams were cursory, including a failure to sometimes elicit vital signs without repeated prompting. In one case, his history taken was inadequate and inaccurate, and attention to detail was lacking. In another, the history was skipped over, and Dr. Nguyen went right to a review of systems and brief physical exam. Dr. Abraham perceived a general lack of knowledge manifest in Dr. Nguyen’s responses to each case presented and as each scenario evolved.

(*Id.* at 4.)

20. Based on its overall re-evaluation of Respondent's performance, LifeGuard offered the following "Recommendations and Remediation Plan":

It is unclear why Dr. Nguyen's performance on the PLAS knowledge assessment exam remained unsatisfactory on a second taking. It is possible he made an insufficient effort to remediate the deficiencies apparent the first time he took the exam. It is also possible his foundation of medical knowledge is so inadequate that more extensive remediation is required. This would be consistent with the problematic performance Dr. Nguyen displayed as he responded to specific oral clinical case presentations.

Based on the findings and summaries of Dr. Nguyen's competency assessment, the following recommendations are provided:

- Dr. Nguyen should undertake additional CME, as recommended in LifeGuard's initial report to the KBML issued August 11, 2023. He is strongly advised to take general review courses both in person and online. These courses should be of the type used to prepare for board examinations in specialties such as family medicine, emergency medicine, or internal medicine. The basic knowledge required in any of these fields is relevant to a doctor practicing obesity medicine and/or emergency medicine. The time spent undertaking CME should be documented and should be at least 60 hours of contact time with at least half being in-person education.
- Dr. Nguyen would benefit from a period of supervised clinical practice once he has bolstered his basic medical knowledge. Since he is based in Texas, he could consider the options for a "mini-residency" offered by the academic centers in that state. Alternatively, he could arrange to be precepted in an office or emergency room practice for a period of at least one month to verify his competence to manage a range of patient clinical presentations.

(Id. at 4.)

21. Todd Sagin, MD, JD, is LifeGuard's Medical Director. Dr. Sagin elaborated on LifeGuard's findings from its two evaluations of Respondent's clinical competency in testimony before the Commission. As a general observation, Dr. Sagin

testified that Respondent seemed to have a “dismissive” and “flippant” approach to the LifeGuard assessments, noting that Respondent seemed to rush through parts of the assessment. Dr. Sagin characterized Respondent’s performance on the NCBE multiple choice examination as “surprising,” noting that some of the questions that Respondent answered incorrectly were “easy” questions about basic subjects such as diabetes. Dr. Sagin described Respondent’s performance on the controlled substance prescribing test as “poor,” noting that although a weight-loss physician might not prescribe many opioids, an experienced emergency physician should have performed better on that particular test. Overall, Dr. Sagin testified, LifeGuard’s view, based on its two systematic evaluations, is that Respondent either (a) did not approach the assessment process with the requisite seriousness, or (b) does not possess an adequate fund of medical knowledge and judgment needed to care for patients independently and without supervision.

22. Respondent has completed 60 hours of Continuing Medical Education as prescribed by LifeGuard and has completed a clinical preceptorship consisting of 18 twelve-hour shifts during November 2023. (Board Ex. 11 at 3.)

23. On April 1, 2024, the Kentucky Board entered an order terminating the Kentucky Order. (Board. Ex. 13.)

24. On May 8, 2024, Respondent entered into a Consent Order with the Mississippi State Board of Medical Licensure. (Board Ex. 15.) The Mississippi Consent Order was grounded in reciprocal action based on the Kentucky order, and

also found that Respondent had violated Mississippi law by failing to perform an in-person evaluation of Mississippi patients evaluated for weight loss. The Mississippi Order, in effect, prohibited Respondent from performing telemedicine in Mississippi for a period of six months, required him to complete Continuing Medical Education in the areas of Ethics and Prescribing, and required Respondent to reimburse the Board for its administrative costs. (Board Ex. 15.)

25. On June 20, 2024, Respondent entered into a Stipulated Order with the Oregon Medical Board. (Board Ex. 16.) The Oregon Order resolved allegations that Respondent was subject to reciprocal disciplinary action in response to the Kentucky Order, that Respondent knowingly made a false statement or representation to the Oregon Board about the Kentucky matter; and that Respondent failed accurately to report the Kentucky Order to the Oregon Board. (*Id.*) The Oregon Order prohibited Respondent from prescribing controlled substances to patients in Oregon but held that term “in abeyance so long as [Respondent’s] Oregon medical license is at a non-practicing status.” (*Id.* at 2.)

26. On July 18, 2024, Respondent entered into a “Stipulation and Final Agency Order” with the Colorado Medical Board. (Board Ex. 19.) The Colorado Order was grounded in reciprocal discipline on the basis of similar disciplinary actions in Kentucky, Maine, Virginia, South Dakota, and Texas. The Colorado order formally admonished Respondent and indefinitely restricted Respondent from prescribing or supplying any controlled substance or other habit-forming drugs in Colorado. (*Id.* at

3.) The Colorado order further placed Respondent's Colorado medical license on probation for an indefinite period, requiring him to successfully perform remedial educational course work in the areas of obesity management and controlled substances prescribing. the Colorado Order also required Respondent to participate in 18 months of supervised practice utilizing a "practice monitor."

IV. Conclusions of Law

1. The Medical Licensure Commission of Alabama has jurisdiction over the subject matter of this cause pursuant to Act No. 1981-218, Ala. Code §§ 34-24-310, *et seq.* Under certain conditions, the Commission "shall have the power and duty to suspend, revoke, or restrict any license to practice medicine or osteopathy in the State of Alabama or place on probation or fine any licensee." Ala. Code § 34-24-360. In addition to all other authorized penalties and remedies, the Commission may impose a fine of up to \$10,000 per violation and may require the payment of administrative expenses incurred in connection with the disciplinary proceeding. Ala. Code § 34-24-381(a), (b).

2. Respondent was properly notified of the time, date and place of the administrative hearing and of the charges against him in compliance with Ala. Code §§ 34-24-361(e) and 41-22-12(b)(1), and Ala. Admin. Code r. 545-X-3-.03(3), (4). At all relevant times, Respondent was a licensee of this Commission and was and is subject to the Commission's jurisdiction.

3. Before making any decision on a contested case such as this one, the Commission is required by law to “receive and consider” a recommendation from the Board. The Board’s recommendation, however, is not binding upon the Commission. *See* Ala. Code § 34-24-311. The Commission has received and duly considered the Board’s non-binding recommendation to find Respondent guilty of all of the charges outlined in the Administrative Complaint, and to revoke Respondent’s license to practice medicine.

4. A physician’s license to practice medicine and/or osteopathy in Alabama may be disciplined if he or she is shown, after notice and hearing, to be guilty of “[a]ny disciplinary action taken by another state against a licensee to practice medicine or osteopathy, based upon acts by the licensee similar to acts described in this section; a certified copy of the record of the disciplinary action of the state making such an action is conclusive evidence thereof.” Ala. Code § 34-24-360(15).

5. The disciplinary actions taken by the medical boards of Kentucky, Mississippi, Oregon, and Colorado represent disciplinary actions described by Ala. code § 34-24-360(15). Indeed, no suggestion to the contrary has been made to the Commission.

6. A physician’s license to practice medicine and/or osteopathy in Alabama may be disciplined if he or she is shown, after notice and hearing, to be “unable to practice medicine or osteopathy with reasonable skill and safety to patients by reason

of a demonstrated lack of basic medical knowledge or clinical competency.” Ala. Code § 34-24-360(20)a.

7. The formal evaluations of Respondent’s clinical competency completed by LifeGuard on August 11 and October 24, 2023, substantiate that there exists a deficiency in Respondent’s medical knowledge and clinical competency within the meaning of Ala. Code § 34-24-360(20)a.

8. We reach all of these decisions based all of the facts presented, viewed through the lens of our professional experience, expertise, and judgment. *See* Ala. Code § 41-22-13(5) (“The experience, technical competence, and specialized knowledge of the agency may be utilized in the evaluation of the evidence.”).

V. Decision

Based on all of the foregoing, it is **ORDERED, ADJUDGED, AND DECREED:**

1. That the Respondent, Trung Nam Nguyen, D.O., is adjudged **GUILTY** of the matters charged in Count One of the Administrative Complaint.

2. That the Respondent, Trung Nam Nguyen, D.O., is adjudged **GUILTY** of the matters charged in Count Two of the Administrative Complaint.

3. That the Respondent, Trung Nam Nguyen, D.O., is adjudged **GUILTY** of the matters charged in Count Three of the Administrative Complaint.

4. That the Respondent, Trung Nam Nguyen, D.O., is adjudged **GUILTY** of the matters charged in Count Four of the Administrative Complaint.

5. That the Respondent, Trung Nam Nguyen, D.O., is adjudged **GUILTY** of the matters charged in Count Five of the Administrative Complaint.

6. That, separately and severally for each of Counts One, Two, Three, Four, and Five, Respondent's license to practice medicine in the State of Alabama is hereby **REPRIMANDED** and **RESTRICTED** as follows:

- a. Respondent shall not practice medicine in Alabama, whether in person or via telemedicine, except pursuant to a written practice plan that complies with this Order and that has been approved in advance by the Commission, which will contain, at a minimum, specific information such as the proposed name of the employer; the proposed scope of practice or type of services to be provided; the proposed days/hours of work; and typical patient populations of the proposed practice;
- b. Respondent shall not practice medicine in Alabama, whether in person or via telemedicine, unless and until Respondent shall have satisfactorily completed a rigorous clinical competency assessment conducted by the Center for Personalized Education for Professionals ("CPEP") or a similar establishment approved in advance by the Commission, which assessment shall be properly

tailored to assess Respondent's clinical competency in the area of family medicine and to perform the work outlined in any proposed practice plan with reasonable skill and safety to patients, and unless and until Respondent shall have successfully completed any remedial educational steps recommended by CPEP; the establishment referred to in this paragraph shall be provided copies of the two LifeGuard reports (Board Exhibits 9 and 10), as well as a copy of this Order;

- c. As an alternative to the preceding item b., a proposed practice plan may propose that Respondent work under a Commission-approved on-site proctor/preceptor for no less than six months or until a board-certified precepting physician attests to the Commission regarding Respondent's competency to practice medicine;
- d. Respondent shall at all times conduct himself in full accordance with relevant federal, state, local, organizational and professional laws, regulations, ethical guidelines.

7. That Respondent shall, within 30 days of this Order,¹ pay administrative fines in the amounts of \$5,000.00 as to Count One, \$5,000.00 as to Count Two,

¹ See Ala. Admin. Code r. 545-X-3-.08(8)(d)(i). Respondent is further advised that "[t]he refusal or failure by a physician to comply with an order entered by the Medical Licensure

\$5,000.00 as to Count Three, \$5,000.00 as to Count Four, and \$5,000.00 as to Count Five, for a total administrative fine of \$25,000.00.

8. That within 30 days of this order, the Board shall file its bill of costs as prescribed in Ala. Admin. Code r. 545-X-3-.08(10)(b), and Respondent shall file any objections to the cost bill within 10 days thereafter, as prescribed in Ala. Admin. Code r. 545-X-3-.08(10)(c). The Commission reserves the issue of imposition of costs until after full consideration of the Board's cost bill and Respondent's objections, and this reservation does not affect the finality of this order. *See* Ala. Admin. Code r. 545-X-3-.08(10)(e).

DONE on this the 15th day of January, 2025.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Jorge Alsip, M.D.
on 2025-01-15 14:29:24 CST

Jorge A. Alsip, M.D.
its Chairman

Commission" may be a separate instance of "unprofessional conduct." *See* Ala. Admin. Code r. 545-X-4-.06(6).