ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

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

Initial Application for Qualified Alabama Controlled Substances Registration Certificate (QACSC) for CRNP/CNM

An application for a Qualified Alabama Controlled Substances Certificate should include:

1) Application form
   - Note: a separate QACSC is required for each Collaborative Practice Agreement and is exclusive to that Collaborative Practice Agreement.
   - Initial application: $110.00
   - Subsequent applications: $60.00
2) Completed Formulary for QACSC form
   - Attached to this application
3) Proof of successful completion of a course or courses (AMA PRA Category 1) **approved by the Board** which includes:
   - Eight (8) hours of instruction regarding the prescribing of controlled substances and
   - Four (4) hours of advanced pharmacology and prescribing trends relating to controlled substances within one (1) year preceding the filing of an application for a QACSC.
4) QACSC covering physician agreement
   - Note: Covering physicians being added for the QACSC must first be on the Collaborative Practice Agreement. Only physicians who have signed the covering agreement will be able to provide medical oversight for the prescribing under this QACSC.
5) A **copy** of all your DEA Registration(s), once received
   - You will apply for your DEA registration once the Initial QACSC is issued.
   - Submit the DEA Registration to the Board once it is received.
   - To lawfully administer or prescribe controlled substances in Alabama, a Qualified Alabama Controlled Substances Registration Certificate and an Alabama DEA registration are required. For further information concerning federal requirements, go to https://deadiversion.usdoj.gov/

- Without a current and active Collaborative Practice Agreement, a QACSC is not valid.
- Termination of a Collaborative Practice Agreement automatically terminates any QACSC which is under that Collaborative Practice Agreement.
- If the Alabama Controlled Substances Certificate of the collaborating physician becomes inactive, revoked, suspended, restricted, or placed on probation, then the QACSC of the CRNP/CNM shall be administratively terminated by operation of law.
- Applicants should thoroughly review Chapter 540-X-18, Qualified Alabama Controlled Substances Registration Certificate for CRNPs & CNMs
- QACSCs must be renewed annually
- QACSC renewal notifications are provided each year to the CRNP/CNM's address of record. It is the CRNP/CNM's responsibility to provide a current address to the Board.
- QACSC licenses not renewed are automatically placed in inactive status on January 1 of each year.
- As a requirement for renewing a QACSC, a CRNP or CNM shall obtain, every two years, four (4) AMA PRA Category 1 credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.
- A QACSC may be suspended or revoked by the Board upon a finding that the registrant has furnished false or fraudulent material information in any application.

Name in Full (First, Middle, Last) _____

SSN (The use of your SSN is limited to the purpose of intra-agency identification purposes) _____-____-_____

(Pursuant to Ala. Code S 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)

AL RN/NP License Number _____ Expiration Date _____

NP Certification Organization _____ Certification Type _____

Certification Date _____ Expiration Date_____

CRNP/CNM Home Address _____

City _____ State _____ Zip _____County_____

CRNP/CNM Practice Address _____

City _____ State _____ Zip _____County_____

CRNP/CNM Mailing Address _____

City _____ State _____ Zip _____County_____

Which address would you like to be listed as your Public Address?

Home ☐ Practice ☐ Mailing ☐ The Public Address will be given out if requested.

Personal Email Address_____

Practice Email Address_____

Collaborating Physician Name_____

Collaborating Physician Phone Number _____

Collaborating Physician Email _____

Collaborating Physician Specialty _____

Collaborating Physician AL License Number_____

Nurse Practitioner Phone Number

If you answer Yes to questions 3-9, please provide a detailed explanation.

	Yes	No
(1) Have you completed twelve (12) months of active clinical practice pursuant to one or more collaborative practice agreements approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners?	◯	◯
(2) Have you successfully completed the continuing medical education required by Board rules? If yes, attach documentation with this application	◯	◯
(3) Will this QACSC be utilized at a remote site and/or in a different type of clinical setting than the collaborating physician?	◯	◯
(4) To your knowledge, has disciplinary action been taken or is pending against you with the Board of Nursing or other licensing authority of any state, territory, or country, including but not limited to the Alabama Board of Nursing?	◯	◯
(5) Have your privileges for prescribing controlled substances ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory?	◯	◯
(6) Have you ever been convicted of any state or federal crime relating to any controlled substance?	◯	◯
(7) Has any Federal Drug Enforcement Administration registration ever held by applicant been suspended, restricted, revoked, or voluntarily surrendered while under investigation?	◯	◯
(8) Have your privileges at any hospitals ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or administering of controlled substances?	◯	◯
(9) Are you 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?	◯	◯

(a) If applicant is an anonymous participant in 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 the paragraph 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 CRNP/CNM 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 Qualified Alabama Controlled Substances Certificate.

_____

CRNP/CNM Initials

FEE FOR INITIAL CERTIFICATE IS $110.00. ENCLOSE YOUR CHECK WITH APPLICATION. FEE MAY ALSO BE PAID ONLINE ONCE YOUR APPLICATION HAS BEEN RECEIVED. Applications are not processed until the fee has been paid.

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

_____ _____

Signature of CRNP/CNM Date

_____ _____

Signature of Collaborating Physician Date

Please submit a completed application to:

QACSC@albme.gov

OR

Mail to:

Alabama Board of Medical Examiners
ATTN: QACSC Coordinator
848 Washington Avenue
Montgomery, AL 36104

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Approved Formulary for Qualified Alabama Controlled Substances Certificate for CRNP/CNMs in Collaboration with a Licensed Physician

As set forth in Ala. Code §20-2-250, et. seq., the Board of Medical Examiners of the State of Alabama may grant a Qualified Alabama Controlled Substances Registration Certificate to a CRNP/CNM who (1) is practicing in an appropriate Collaborative Practice, as defined herein and in accordance with Ala. Code §20-2-250, et. seq.; Ala. Code § 34-21-5; and all rules and regulations pertaining to physician oversight and direction between qualified physicians and qualified certified registered nurse practitioners and certified nurse midwives.

I authorize _____, CRNP/CNM pursuant to CP# _____ to prescribe and/or administer medications as indicated below. You must complete each line with Yes, No, or Restricted. If restricted, provide more information as needed.

	Yes	No	Restricted	
Schedule III*	◯	◯	◯	_____
Schedule IV*	◯	◯	◯	_____
Schedule V	◯	◯	◯	_____

*Refer to Administrative Rules **Chapter 540–X-17** *Guidelines and Standards for the Utilization of Controlled Substances For Weight Reduction*

Provide a written plan for review of the CRNP/CNM's controlled substance prescribing and patient outcomes.

_____

_____

_____

_____

Print Physician Name	Medical License#
Physician Signature	Date
Print CRNP/CNM Name	CRNP/CNM License #
CRNP/CNM Signature	Date

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QACSC Covering Physician Agreement

As a covering (backup) physician providing medical direction and oversight for _____ CRNP/CNM, by signing this document, I hereby affirm that:

(1) I am familiar with the current rules regarding certified registered nurse practitioners and / or certified nurse midwives and their ability to prescribe controlled substances.

(2) That I am familiar with the Approved Formulary for Qualified Alabama Controlled Substance Certificates concerning all protocols and medical regimens relating to a QACSC which have been adopted by the Board of Medical Examiners.
Collaborative Practice # _____ Collaborating Physician Name_____

(3) That I have a current and unrestricted Alabama Controlled Substance Certificate, # _____

(4) That I will be accountable for adequately providing medical direction and oversight for the prescribing of controlled substances by the certified registered nurse practitioner or certified nurse midwife.

(5) I will assume all responsibility for the controlled substance prescribing of the certified registered nurse practitioner or certified nurse midwife during the temporary absence of the primary Collaborating physician.

Medical Specialty of Collaborating Physician _____

Medical Specialty of Covering Physician _____

Telephone number _____

_____ _____
Print Covering Physician Name AL Medical License #

_____ _____
Covering Physician Signature Date