



APA-2  
6/93

**ALABAMA STATE BOARD  
OF MEDICAL EXAMINERS**

**NOTICE OF INTENDED ACTION**

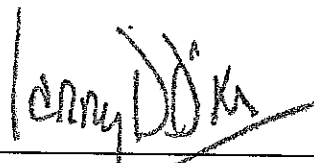
**AGENCY NAME:** Alabama State Board of Medical Examiners  
**RULE NO. & TITLE:** 540-X-19, Appendix B, Renewal Application  
**INTENDED ACTION:** To amend the rule appendix

**SUBSTANCE OF PROPOSED ACTION:** To amend the appendix to reduce the fee required for registration of additional locations where pain management services are provided and to make clarifying modifications to the form.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:** All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Patricia E. Shaner, General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including Wednesday, June 4, 2014. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact William F. Addison, by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. The rule amendment will also be available at the Board's web site, [www.albme.org](http://www.albme.org).

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** June 4, 2014

**CONTACT PERSON AT AGENCY:** William F. Addison



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Larry D. Dixon, Executive Director

ALABAMA BOARD OF MEDICAL EXAMINERS  
P. O. Box 946 – Montgomery, Alabama 36101  
848 Washington Avenue – 36104

**Application for Renewal of Alabama Pain Management Registration**

Name: \_\_\_\_\_ AL License #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

DEA Number: \_\_\_\_\_ DEA Expiration Date: \_\_\_\_\_

1. Do you provide pain management services at a hospital?  Yes  No

If yes, continue to number 2 below.

If no, complete the following attestation:

I hereby attest that neither I nor the owner(s) of each of the locations where I provide pain management services has, in the past year, have either you or the owner(s) of each location where you provide pain management services been convicted of or pled nolo contendere to a felony or an offense that constitutes a misdemeanor, the facts of which relate to the distribution or illegal prescribing of any controlled substance?\*  Yes  No

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Any applicant who has been convicted of a crime described in this paragraph may request an interview before the Board, after which the Board, in its discretion, may approve or deny the registration.*

2. ~~Hereby certify that~~ Does each location at which I the above licensee provides pain management services ~~has~~ have a medical director as required by Board Rule 540-X-19-.04-?  Yes  No

Additionally,

I swear (affirm) that the information set forth on this application for renewal of Alabama Pain Management Registration is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection of my records at any time.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fees: \$100.00 for first location; \$10.00 for each additional location