

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-3, Certificate of Qualification, Appendix H, Certificate of Qualification Reinstatement Application

INTENDED ACTION: To amend the rule.

SUBSTANCE OF PROPOSED ACTION: To add a place to elicit applicant's social security number, and to add a statement concerning the statutory authority for requesting, requirement for requesting, uses of and consequences of not supplying an applicant's social security number.

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 Friday, February 3, 2012. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Patricia E. Shaner, 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.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: February 3, 2012

CONTACT PERSON AT AGENCY: Patricia E. Shaner



Larry D. Dixon, Executive Director

REINSTATEMENT APPLICATION ALABAMA BOARD OF MEDICAL EXAMINERS

1. NAME _____
2. ADDRESS _____
3. INITIAL LICENSE NUMBER _____ ISSUED _____
4. INITIAL CERTIFICATE NUMBER _____ ISSUED _____
5. DATE OF REVOCATION/SUSPENSION/SURRENDER OF LICENSE _____
6. REASONS FOR REVOCATION/SUSPENSION/VOLUNTARY SURRENDER OF CERTIFICATE OR LICENSE (Please give detailed reasons – if necessary you may use an additional sheet of paper and attach to this application); _____

	YES	NO
7. Have you ever been convicted of a felony?	_____	_____
8. Have you ever been convicted of a crime or offense, felony or misdemeanor related to the practice of medicine?	_____	_____
9. Have you ever been denied a state or federal controlled substances certificate?	_____	_____
10. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	_____	_____
11. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	_____	_____
12. Have you been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	_____	_____
13. Have you ever had a judgement rendered against you, or action settled relating to the performance of your professional service?	_____	_____
14. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?	_____	_____
15. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?	_____	_____
16. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?	_____	_____
17. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	_____
18. Are you currently engaged in the illegal use of controlled dangerous substances?	_____	_____
19. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	_____	_____
20. Have you been within the past five years, 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?	_____	_____
21. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	_____	_____

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

(If the answer to any of these questions is YES give complete detailed and/or current status of charges on separate attachment.)

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

Applicant's Signature

Please list below all states in which you have applied for licensure.

I hereby certify that the information contained herein is true and accurate to the best of my ability.

Date

Applicant's Signature

SWORN to and subscribed before me this _____ day of _____, 19 _____.

Notary Public
My Commission Expires: _____

Applicant's 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.