

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 A, Initial Application

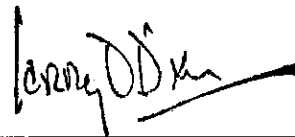
INTENDED ACTION: To amend the rule appendix

SUBSTANCE OF PROPOSED ACTION: To amend the appendix pursuant to Act 2015-189 to delete the fee required for registration of additional locations where pain management services are provided.

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 September 4, 2015. 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.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: September 4, 2015

CONTACT PERSON AT AGENCY: William F. Addison



Larry D. Dixon, Executive Director

ALABAMA BOARD OF MEDICAL EXAMINERS

P. O. Box 946 – Montgomery, Alabama 36101

848 Washington Avenue – 36104

Application for Alabama Pain Management Registration****Separate registration required for each location
where pain management services are provided****

Name:

AL License #:

Address:

Street

City

State

Zip

Telephone:

Fax:

Email:

DEA Number:

DEA Expiration Date:

1. Are you registered with PDMP?
(Attach copy of PDMP registration receipt) Yes No
2. Have you ever had a controlled substance registration
certificate denied, restricted or disciplined?
*If yes, the attach a summary of each action including the
year, state and description of each action.* Yes No
3. Have you ever had a disciplinary action taken against your
medical license in Alabama or any other state?
*If yes, attach an explanation of the action, including the
year, state and description of each action.* Yes No

Please provide the following information for the above location where you provide pain management services: (Attach additional pages if necessary)

Facility Name:

Physical Address:

Street

City

State

Zip

Owners, Co-Owners, Operators: _____

Full Name of Medical Director: _____

Full names of all physicians providing pain management services at this location:

I swear (affirm) that the information set forth on this application for Alabama Pain Management Registration form 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~~ no additional charge for each additional location