

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-4, Appendix A, Application for Alabama Controlled Substances Certificate
Rule Title: Alabama Controlled Substances Certificate
_____ New Amend _____ Repeal _____ Adopt by Reference _____

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

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

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____ NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____ NO

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

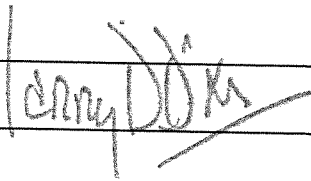
Does the proposed rule have an economic impact? _____ NO

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 Reference Service.

Signature of certifying officer _____
Date: September 19, 2013



**ALABAMA STATE BOARD
OF MEDICAL EXAMINERS**

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X-4, Appendix A, Application for Alabama Controlled Substances Certificate

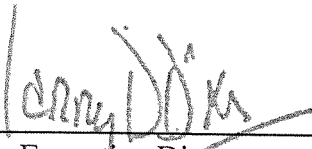
INTENDED ACTION: To amend the Appendix

SUBSTANCE OF PROPOSED ACTION: To amend the initial application form to conform with changes being made to the renewal application form, which is a new proposed Appendix B to Chapter 540-X-4.

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 Monday, November 4, 2013. 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. Copies of the proposed rules may also be downloaded from the Board's web site, www.albme.org/rules.html.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Nov. 4, 2013

CONTACT PERSON AT AGENCY: Patricia E. Shaner, Esq.



Larry D. Dixon, Executive Director

**-APPLICATION-
CONTROLLED SUBSTANCES
REGISTRATION CERTIFICATE**

WARNING: SECTION 20-2-54, CODE OF ALABAMA 1975
(1981 CUMULATIVE SUPPLEMENTS AS AMENDED) STATES
THAT A REGISTRATION UNDER SECTION 20-2-54 TO
MANUFACTURE, DISTRIBUTE OR DISPENSE A
CONTROLLED SUBSTANCE MAY BE SUSPENDED OR
REVOKED BY THE CERTIFYING BOARD(S) UPON A FINDING
THAT THE REGISTRANT HAS FURNISHED FALSE OR
FRAUDULENT MATERIAL INFORMATION IN ANY
APPLICATION FILED UNDER THIS ACT.

Return Completed Application To:
ALABAMA STATE BOARD OF
MEDICAL EXAMINERS
P.O. Box 946 • Montgomery, Alabama 36101
(334) 242-4116

(†)All applicants must answer the following questions. If the answer to questions A, B, C, D, or E is yes, the applicant must attach a complete explanation detailing all facts and circumstances.

A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, or revoked in any state? () Yes () No

B. Have you ever been convicted of any state or federal crime relating to any controlled substance? () Yes () No

C. Has your Federal DEA registration ever been suspended, restricted or revoked? () Yes () No

D. Have your staff privileges at any hospitals ever been suspended, restricted or revoked for any reason related to the prescribing or dispensing of controlled substances? () Yes () No

E. 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?* () Yes () No

Print DEA number and expiration date: _____

*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 last two years.

**THE ANNUAL FEE FOR THIS CERTIFICATE IS \$150.00.
ENCLOSE YOUR CHECK WITH APPLICATION**

I swear (affirm) that the information set forth in this application for Alabama controlled substances registration certificate is true and correct to the best of my knowledge, information and belief.

Date: _____ Signature of Applicant: _____