

APA-1  
6/93

**TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION**

Control 540 Department or Agency Alabama State Board of Medical Examiners  
Rule No. 540-X-4, Alabama Controlled Substances Certificate  
Rule Title: Appendix B, Application for Renewal of an Alabama Controlled Substances Certificate  
X 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

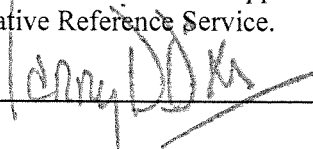
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

\*\*\*\*\*  
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.  
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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 B, Application for Renewal of an Alabama Controlled Substances Certificate

INTENDED ACTION: To add a new Appendix

SUBSTANCE OF PROPOSED ACTION: To add an appendix which is the application form for renewal of an Alabama Controlled Substances Certificate

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](http://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

-Renewal for 20\_\_ -  
CONTROLLED SUBSTANCES  
REGISTRATION CERTIFICATE

WARNING: SECTION 20-2-54. CODE OF ALABAMA 1975 (AS AMENDED) STATES THAT A REGISTRATION MAY BE SUSPENDED OR REVOKED BY THE BOARD UPON A FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN AN APPLICATION .

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 question 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

F. Do you have a current registration to access the Alabama prescription drug monitoring database (PDMP)? ..... ( ) Yes ( ) No

G. Do you have a current registration issued by the U. S. Drug Enforcement Administration? ..... ( ) Yes ( ) No

Print DEA number and expiration date: \_\_\_\_\_

NOTICE: A current registration to access the Prescription Drug Monitoring Database and a current registration issued by the U. S. Drug Enforcement Agency are required before renewing an Alabama Controlled Substances Certificate. For further information concerning DEA registration, contact DEA, Metairie, LA, (504) 882-9239. For further information concerning the prescription database, contact the Alabama Dept. of Public Health, (334) 206-3749

H. Do you **dispense** controlled substances, other than pharmaceutical samples, from any practice location? If yes, I confirm my Registration Form is on

file with the ALBME ..... ( ) Yes ( ) No

\*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: \_\_\_\_\_