



## **ALABAMA BOARD OF MEDICAL EXAMINERS**

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

*Under Alabama Law, this document is a public record  
and will be provided upon request*

### **Additional Application for Qualified Alabama Controlled Substances Registration Certificate (QACSC) for P.A.**

An application for a Qualified Alabama Controlled Substances Certificate should include:

- 1) Application form
    - Note: a separate QACSC is required for each Registration Agreement and is exclusive to that Registration Agreement.
    - Additional applications: \$60.00
  - 2) Completed Formulary
    - Attached to this application
  - 3) A **copy** of all your DEA Registration(s)
    - Submit the DEA Registration to the Board once it is received.
    - To lawfully administer or prescribe controlled substances in Alabama, a Qualified Alabama Controlled Substances Registration Certificate and an Alabama DEA registration are required. For further information concerning federal requirements, visit <https://deادiversion.usdoj.gov/>
  - 4) QACSC covering physician agreement (if applicable)
    - Note: Covering physicians being added for the QACSC must first be added to the Registration Agreement. Only physicians who have signed the covering agreement will be able to provide medical oversight for the prescribing under this QACSC.
- Without a current and active Registration Agreement, a QACSC is not valid.
  - Termination of a Registration Agreement automatically terminates any QACSC under that Registration Agreement.
  - If the Alabama Controlled Substances Certificate of the supervising physician becomes inactive, revoked, suspended, restricted, or placed on probation, the QACSC of the P.A. shall be administratively terminated by operation of law.
  - Applicants should thoroughly review Chapter 540-X-12, Qualified Alabama Controlled Substances Registration Certificate for P.A.s
  - QACSCs must be renewed annually
  - QACSC renewal notifications are provided each year to the P.A.'s address of record. It is the P.A.'s responsibility to provide a current address to the Board.
  - QACSCs not renewed are automatically placed in an inactive status on January 1 of each year.
  - As a requirement for renewing a QACSC, a P.A. shall obtain, every two years, four (4) AMA PRA Category 1 credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.
  - A QACSC may be suspended or revoked by the Board upon a finding that the P.A. has furnished false or fraudulent material information in any application.

Name in Full (First, Middle, Last) \_\_\_\_\_

P.A. License # \_\_\_\_\_

Supervising Physician Name \_\_\_\_\_

Supervising Physician AL Medical License # \_\_\_\_\_ RA # \_\_\_\_\_

Supervising Physician Specialty \_\_\_\_\_

P.A. Primary Practice Address: \_\_\_\_\_

**If you answer Yes to questions 2-8, please provide a detailed explanation.**

**Yes No**

- (1) Have you successfully completed the continuing medical education required by Board rules?  
If yes, attach documentation with this application.
- (2) Will this QACSC be utilized at a remote site and/or in a different type of clinical setting than the supervising physician?
- (3) Have your privileges for prescribing controlled substances ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory?
- (4) Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine, state or federal controlled substances laws, or driving under the influence (DUI)?
- (5) Has any Federal Drug Enforcement Administration registration ever held by you been suspended, restricted, revoked, or voluntarily surrendered while under investigation?
- (6) Have your staff privileges at any hospitals ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or administering of controlled substances?
- (7) Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice as a physician assistant in a competent, ethical, and professional manner?
- (8) Within the last five years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?
- (9) The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program, an

advocacy organization dedicated to improving the health and wellness of healthcare professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice as a physician assistant with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as a physician assistant.

I have read and understood the statement above. \_\_\_\_\_

**FEE FOR ADDITIONAL CERTIFICATE IS \$60.00. ENCLOSE YOUR CHECK WITH APPLICATION.  
FEE MAY ALSO BE PAID ONLINE ONCE YOUR APPLICATION HAS BEEN RECEIVED.  
Applications are not processed until the fee has been paid.**

I swear (affirm) that the information set forth in this application for Qualified Alabama Controlled Substances Registration Certificate is true and correct to the best of my knowledge, information, and belief.

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Signature of P.A.

Date

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Signature of Supervising Physician

Date

Please submit a completed application to:

[QACSC@albme.gov](mailto:QACSC@albme.gov)

OR Mail to:

Alabama Board of Medical Examiners  
ATTN: APP Dept  
848 Washington Avenue  
Montgomery, AL 36104



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## **Approved Formulary for Qualified Alabama Controlled Substances Certificate for P.A.s Registered to a Licensed Physician**

As set forth in Alabama Code Section 20-2-62, the Board of Medical Examiners of the State of Alabama may grant a Qualified Alabama Controlled Substances Registration Certificate to an assistant to physician who (1) is practicing with appropriate physician supervision as defined herein and in accordance with this article; Title 34, Chapter 24, Article 7, and all rules and regulations pertaining to physician supervision between qualified physicians and qualified assistants to physicians.

I authorize \_\_\_\_\_ P.A. pursuant to RA# \_\_\_\_\_ prescribe and / or administer medications as indicated below. You must complete each line with Yes, No, or Restricted. If restricted, provide more information as needed.

	Yes	No	Restricted
Schedule III*			_____
Schedule IV*			_____
Schedule V			_____

*\*Refer to Administrative Rules **Chapter 540-X-17** Guidelines and Standards for the Utilization of Controlled Substances for Weight Reduction*

Provide a written plan for review of the P.A.'s controlled substance prescribing and patient outcomes.

\_\_\_\_\_  
Print Physician Name Medical License#

\_\_\_\_\_  
Physician Signature Date

\_\_\_\_\_  
Print P.A. Name P.A. License #

\_\_\_\_\_  
P.A. Signature Date



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## **QACSC Covering Physician Agreement**

As a covering (backup) physician providing medical direction and oversight for

\_\_\_\_\_ P.A., by signing this document, I hereby affirm that:

- (1) I am familiar with the current rules regarding physician assistants and their ability to prescribe controlled substances.
- (2) That I am familiar with the Approved Formulary for Qualified Alabama Controlled Substances Certificates concerning all protocols and medical regimens relating to a QACSC which have been adopted by the Board of Medical Examiners.

RA # \_\_\_\_\_ Supervising Physician Name \_\_\_\_\_

- (3) That I have a current and unrestricted Alabama Controlled Substance Certificate, # \_\_\_\_\_
- (4) That I will be accountable for adequately supervising the prescribing of controlled substances by the physician assistant.
- (5) I will assume all responsibility for the controlled substance prescribing of the physician assistant during the temporary absence of the primary supervising physician.

Medical Specialty of Supervising Physician \_\_\_\_\_

Medical Specialty of Covering Physician \_\_\_\_\_

Telephone number \_\_\_\_\_

\_\_\_\_\_  
Print Covering Physician Name

\_\_\_\_\_  
AL Medical License #

\_\_\_\_\_  
Covering Physician Signature

\_\_\_\_\_  
Date