



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*

Initial 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.
 - Initial application: \$110.00
 - Additional applications: \$60.00
- 2) Completed Formulary
 - Attached to this application
- 3) Proof of successful completion of a course or courses (AMA PRA Category 1) **approved by the Board** which includes:
 - Eight (8) hours of instruction regarding the prescribing of controlled substances and
 - Four (4) hours of advanced pharmacology and prescribing trends relating to controlled substances within one (1) year preceding the filing of an application for a QACSC.
- 4) Accurate and complete documentation of a minimum of twelve (12) months of active clinical practice pursuant to one or more registration agreements approved by the Alabama Board of Medical Examiners following NCCPA certification. Interim approval of a supervised practice will not be considered or used to meet this requirement.
 - This information will be verified by staff. If documentation is required, the applicant will be notified.
 - In lieu of completing twelve (12) months of active clinical practice in the state of Alabama, the applicant must have at least three (3) years of active clinical practice under the supervision of a physician as a licensed P.A. in any U.S. state of territory and meet the following requirements:
 1. Applicant must have held a DEA registration for at least one (1) year in any state;
 2. Has never had his or her license to practice as a P.A. subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the non-payment of fees related to a license;
 3. Has never had a controlled substance license or permit suspended or revoked by a state or the U.S. Drug Enforcement Administration; and
 4. Is not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

*A separate form titled, *QACSC Exception Form*, is required if the applicant is applying for a QACSC and does not have twelve (12) months of active clinical practice in Alabama. Applicants must attest on the *QACSC Exception Form* that the requirements to request the exception have been met.
- 5) A **copy** of all DEA Registration(s), once received
 - You will apply for your DEA registration once the Initial QACSC is issued.
 - 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://deadiversion.usdoj.gov/>

6) 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 3-9, please provide a detailed explanation.

Yes No

- 1) Have you completed twelve (12) months of active clinical practical pursuant to one or more registration agreements approved by the Board following NCCPA certification?
- 2) Have you successfully completed the continuing medical education required by Board rules?
If yes, attach documentation with this application.
- 3) Will this QACSC be utilized at a remote site and/or in a different type of clinical setting

than the supervising physician?

- 4) 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?
- 5) 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)?
- 6) Has any Federal Drug Enforcement Administration registration ever held by applicant been suspended, restricted, revoked, or voluntarily surrendered while under investigation?
- 7) 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?
- 8) 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?
- 9) 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?
- 10) 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 medical 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 medical 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 INITIAL CERTIFICATE IS \$110.00. 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.

Signature of P.A.

Date

Signature of Supervising Physician

Date

Please submit a completed application to:

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# _____ to 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 Substance 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



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QACSC Exception Form

By completing this form, I am requesting an exception to the required 12 months of active clinical practice in Alabama.

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: _____

Attestations:

Applicant has at least three (3) years of active clinical practice under the supervision of a physician as a licensed P.A. in any U.S. state of territory.

Applicant has held a DEA registration for at least one (1) year in any state.

Applicant has never had his or her license to practice as a P.A. subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the non-payment of fees related to a license.

Applicant has never had a controlled substance license or permit suspended or revoked by a state or the U.S. Drug Enforcement Administration; and

Applicant is not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

I swear (affirm) that the information above is true and correct to the best of my knowledge, information, and belief.

Signature of P.A.

Date

Please submit QACSC Exception Form to:

QACSC@albme.gov

OR Mail to:

Alabama Board of Medical Examiners

ATTN: APP Dept

848 Washington Avenue

Montgomery, AL 36104