



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://deaddiversion.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.
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- 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 2-7, 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 convicted of any state or federal crime relating to any controlled substance?
- (5) Has any Federal Drug Enforcement Administration registration ever held by applicant 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 engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?
 - (a) If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.
 - (b) The term "currently" as it is used in the paragraph above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough

so that the condition referred to may have an ongoing impact on one's functioning as an assistant to physicians within the last two years.

Applicant shall initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows:

IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician 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 medicine with reasonable skill and safety to patients, can result in the Board taking action against the QACSC and/or license to practice as a Physician Assistant.

P.A. Initials

**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.

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: QACSC Coordinator
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#
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Physician Signature	Date
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Print P.A. Name	P.A. License #
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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