

**Qualified Alabama Controlled Substances Registration Certificate (QACSC) for  
Physician Assistant**

To obtain a Qualified Alabama Controlled Substances Certificate (QACSC), a Physician Assistant (P.A.) must hold an active, unrestricted PA license, be registered to a qualified physician, and have completed **12 months of active, clinical employment in the State of Alabama.**

**AN APPLICATION FOR THE QUALIFIED ALABAMA CONTROLLED SUBSTANCE CERTIFICATE SHOULD INCLUDE:**

- \_\_\_\_(1) Application form (Note: a separate QACSC is required for each Registration Agreement).  
**Initial** application: \$110.00  
Subsequent applications: \$60.00
  
- \_\_\_\_(2) QACSC covering physician agreement (**Note:** Covering physicians being added for the QACSC **must** first be on the Registration Agreement. Only physicians who have signed the covering agreement will be able to provide medical oversight for the prescribing under this QACSC).
  
- \_\_\_\_(3) Approved QACSC Formulary (Note: a separate formulary is required for each registration)
  
- \_\_\_\_(4) Documentation of successful completion of the twelve (12) hour AMA PRA Category1 course offered by the Medical Association State of Alabama: *“Prescribing and Pharmacology of Controlled Drugs: Prescribing Issues Related to America’s Opioid Crisis”*, a Board approved course that includes advanced pharmacology and prescribing trends relating to controlled substances. Must apply within one (1) year of taking the course.

**Note: Termination of a Registration Agreement automatically terminates any QACSC which is under that Registration Agreement.**

\*\* Applicants should thoroughly review Board Rules, Chapter 540-X-12, Qualified Alabama Controlled Substances Certificate (QACSC), which may be accessed at [www.albme.org/rules.html](http://www.albme.org/rules.html).\*\*

**QACSC License Renewal is an Annual Renewal Requirement**

QACSC renewal notifications are mailed early in the month of October each year to the physician assistant’s mailing address of record. It is the Physician Assistant’s responsibility to provide the Board a current address. QACSC’s and physician assistant’s licenses not renewed are **automatically** placed in inactive status on January 1 of each year. Without a current and active license, a QACSC is not valid.

**A four (4) hour Board approved pharmacology course is required for renewal every two (2) years.**

**FOR AGENDA DEADLINE SCHEDULES VIST  
<http://www.albme.org/PAagendadates.html>**

**-Initial Application-  
QUALIFIED CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE  
FOR PHYSICIAN ASSISTANTS**

**Return Completed Form and Payment To:  
ALABAMA STATE BOARD OF MEDICAL EXAMINERS**  
**Mailing Address: P.O. Box 946  
Montgomery, AL 36101**  
**Physical Address: 848 Washington Ave.  
Montgomery, AL 36104**  
**(334) 833-0161**

***Under Alabama law, this document is a public record and if requested it will be provided in its' entirety.***

**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, revoked or disciplined in any manner 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, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances? . . . . . ( ) Yes ( ) No
- E. Are you currently\* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Physician Health Program and are in compliance with your contract, you 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) . . . . . ( ) 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 assistant within the last two years.

- F. Have you completed one year of clinical employment? . . . . . ( ) Yes ( ) No
- G. Have you successfully completed the continuing medical education required by Board rules? . . . . . ( ) Yes ( ) No

**NOTE:** Attach documentation of completion

**NOTICE:** To lawfully administer, dispense or prescribe controlled substances in the State of Alabama, federal and state statutes require a DEA certificate of registration and a Qualified Alabama Controlled Substances registration Certificate. For further information concerning federal requirements contact DEA, Metairie, LA, 800-882-9539.

**FEE FOR THIS CERTIFICATE IS \$110.00. ENCLOSE YOUR CHECK WITH APPLICATION**

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.

Date: \_\_\_\_\_ Signature of Applicant (P. A.) \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Supervising Physician \_\_\_\_\_

P.A. Name: \_\_\_\_\_ P.A. License No.: \_\_\_\_\_

RA Number \_\_\_\_\_ Supervising Physician Name \_\_\_\_\_

**APPROVED FORMULARY for QUALIFIED ALABAMA CONTROLLED SUBSTANCE  
CERTIFICATE for PHYSICIAN ASSISTANT REGISTERED TO 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 \_\_\_\_\_, PA pursuant to RA # \_\_\_\_\_ to prescribe and/or administer medications as indicated below. You must complete each line with Yes, No, or Restricted. If restricted, state restrictions below.

1. Schedule III \_\_\_\_\_

2. Schedule IV \_\_\_\_\_

3. Schedule V \_\_\_\_\_

4. Provide a written plan for review of the physician assistants controlled substance prescribing and patient outcomes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, M.D. \_\_\_\_\_  
Physician Signature Date

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

To: Alabama Board of Medical Examiners

**QACSC Covering Physician Agreement**

As a covering (back-up) physician providing supervision for Physician Assistant \_\_\_\_\_ 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 Certificate pursuant to RA# \_\_\_\_\_ (3) that I have a current and unrestricted Alabama Controlled Substance Certificate # \_\_\_\_\_ and (4) that I will be accountable for adequately supervising the physician assistant's controlled substance prescribing.

I will assume all responsibility for the controlled substance prescribing of the assistant during the temporary absence of the primary supervising physician.

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

Relationship with primary supervising physician: (check one below)

Partnership \_\_\_\_\_ Professional group \_\_\_\_\_ Medical Professional Corporation \_\_\_\_\_

Physician Practice Foundation \_\_\_\_\_ Physician sharing call \_\_\_\_\_.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Physician Name License Number Date Physician Signature