ALABAMA STATE BOARD OF MEDICAL EXAMINERS
William M. Perkins, Executive Director

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APPLICATION FOR REGISTRATION OF PHYSICIAN ASSISTANT

PHYSICIAN TO COMPLETE:

Supervising Physician Name in Full _____ AL Med. Lic. # _____

Medical Specialty _____ Board Certified: ____ Yes ____ No Board Eligible: ____ Yes ____ No

Address of Principal Practice Location _____

County of Principal Practice Location _____ Telephone Number _____

1. Is the physician assistant for whom registration is sought employed by you or by your group, partnership, or professional corporation? _____ Yes _____ No If the answer is No, the Supplemental Certificate must be submitted.

PHYSICIAN ASSISTANT TO COMPLETE:

Physician Assistant Name in Full _____

AL P.A. License # _____ Place a "N/A" if you do not have an Alabama license.

2. Covering Physicians: If you would like to add covering physicians to this registration agreement, please submit covering physician agreements.

3. Core Duties and Scope of Practice: Please submit the core duties and scope of practice form.

4. List each practice site where the core duties and scope of practice will be utilized and the number of hours this P. A. will be working weekly in each site. Must include name, address, and phone number of each site:

Remote site?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Practice Name	_____	_____	_____
Address	_____	_____	_____
Phone	_____	_____	_____
Hours per week:	_____	_____	_____

If **YES,** provide a plan describing the practice location, facilities and arrangements for appropriate communication, consultation, and review.

5. Specify a plan for quarterly quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the physician assistant and include review of a meaningful sample of medical records plus all adverse outcomes. The term "medical records" includes, but is not limited to, electronic medical records.

   Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and if indicated, recommendations for change.

_____ Supervising Physician Initials _____ Physician Assistant Initials

6. Will this P. A. be authorized to have prescriptive privileges? _____ Yes _____ No

   If yes, attach a completed Formulary which is a list of the legend drugs which are authorized by the Physician to be prescribed by the P. A. The formulary approved under the rules of the Board of Medical Examiners should be utilized and attached as the authorized legend drugs to be prescribed. The medication categories chosen should reflect the needs of the supervising physician's medical practice.

7. Will this P. A. be authorized to have prescriptive privileges to prescribe controlled substances as allowed under Alabama Code Section 20-2-60,et.seq.?

   _____ Yes _____ No

   (Prerequisites for controlled substances prescribing by P.A.s are stated in Board Rules, Chapter 540-X-12) If yes, the application for a Qualified Alabama Control Substance Certificate can be found at our web site, www.albme.gov.

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Physician Assistant Job Description is correct to the best of our knowledge and belief. We certify that we have reviewed the current rules of the Alabama Board of Medical Examiners pertaining to assistants to physicians and understand our responsibilities. We understand that we are equally responsible for the actions of the Assistant to the Physician.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

Print Name	Signature of Primary Supervising Physician	Date

Print Name	Signature of Assistant to Physician	Date

Under Alabama law, this document is a public record and will be provided upon request.
Submit completed application to PAAADept@albme.gov

Modified 08/24/2023