

Remit a check of **\$100.00** to the Alabama Board of Medical Examiners when you submit your completed application.

## ALABAMA BOARD OF MEDICAL EXAMINERS

848 Washington Avenue / Montgomery, AL 36104 / (334) 242-4116

### APPLICATION FOR REGISTRATION OF PHYSICIAN ASSISTANT

**PHYSICIAN TO COMPLETE:**

Supervising Physician Name in Full _____	
AL Medical License Number _____	
Medical Specialty _____	(select one) Board Certified:      Board Eligible:
Principal Practice Location Address _____	
County of Principal Practice Location _____	
Telephone Number: ( _____ ) _____	FAX 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**, Supplemental Certificate must be submitted.

**PHYSICIAN ASSISTANT TO COMPLETE:**

Physician Assistant Name in Full _____	
AL P. A. License Number _____	<i>Place a "N/A" if you <u>do not</u> have an Alabama license.</i>

#### Covering Physicians

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

2. List each practice site where this Job Description 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.**

3. Specify a plan for 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

4. 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.

5. 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.org](http://www.albme.org).

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