

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

LEGISLATIVE SVC AGENCY

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-20, Appendix A, Application for Limited Purpose
Schedule II Permit (LPSP)

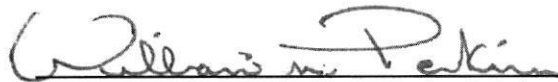
INTENDED ACTION: Repeal the rule

SUBSTANCE OF PROPOSED ACTION: Application form is repealed.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

REPEAL

540-X-20, Appendix A

Application for Limited Purpose Schedule II Permit (LPSP)

Fee: \$25.00

Under Alabama law, this document is a public record and will be provided upon request.

CRNP/ CNM/ PA Name

License number

QACSC Number

Permanent address

Phone number

Email address

DEA Number

In what type of clinical specialty practice will this LPSP be utilized? (choose one)

This LPSP will be used with collaborating/supervising physician

Name

Medical license number

Physician specialty

CRNP/CNM Only

CP Number

Certification Specialty (Choose One)

If physician specialty is different from the mid-level, what is the reason? (choose one):

I practice at a remote site in a different type of clinical setting than my collaborating/supervising physician. Please provide details.

I practice at a remote site but in the same type of clinical setting as my collaborating/supervising physician. Please provide details.

I practice at the same site as my physician, and we see the same type of patients. We are both certified in different specialties, but we are practicing within our scope of practice. Please provide details.

There is another reason why our specialties differ. Please provide details.

I swear (affirm) that the information set forth in this application for the Limited Purpose Schedule II Permit (LPSP) is true and correct to the best of our knowledge, information, and belief. I am familiar with the current rules regarding CRNPs/CNMs/ PAs and their ability to prescribe Schedule II controlled substances with a Qualified Alabama Controlled Substance Certificate (QACSC). I am familiar with the Board rules/protocols governing a LPSP.

Physician

CRNP/CNM/PA

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code § 20-2-259

History: Amended/Approved: Jan. 17, 2018.

Amended filed: April 13, 2018. Effective Date: May 29, 2018.

Amended/Approved: June 20, 2018. Filed for publication: June 20, 2018. Certified

Filed: August 23, 2018. Effective Date: October 8, 2018.

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-20, Appendix B
Rule Title: Limited Purpose Schedule II Permit (LPSP) Renewal Application

 New Amend X Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer William M. Perkins

Date: October 20, 2022

REC'D & FILED

OCT 20 2022

LEGISLATIVE SVC AGENCY

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-20, Appendix B, Limited Purpose Schedule II Permit
(LPSP) Renewal Application

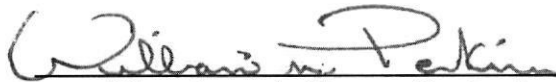
INTENDED ACTION: Repeal the rule

SUBSTANCE OF PROPOSED ACTION: Application form is repealed.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

REPEAL

WARNING: Board Rules state that an LPSP may be suspended or revoked by the Board upon a finding that an individual has furnished false or fraudulent material information in this application.

Renewal Application
LIMITED PURPOSE SCHEDULE II PERMIT (LPSP)
FOR CERTIFIED REGISTERED NURSE PRACTITIONERS;

CERTIFIED NURSE MIDWIVES AND PHYSICIAN ASSISTANTS

Return Completed Application To:

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Mailing Address:	Physical Address:
P.O. Box 946	848 Washington Ave
Montgomery, AL 36101	Montgomery, AL 36104

Name in full: _____
First Middle Last

Permanent address: _____
Street City State Zip

Phone number: _____ (Optional) Cell Number: _____

Email Address: _____

CHOOSE ONE (CRNP/CNM or P.A.):

_____ CRNP/CNM – I swear (affirm) I have a current, unrestricted:

A. RN License # _____ Collaborative Practice Agreement CP# _____

B. QACSC # _____ DEA # _____ Expires _____

OR

_____ P. A.— I swear (affirm) I have a current, unrestricted:

PA License # _____ Registration Agreement RA# _____
QACSC # _____ DEA# _____ Expires _____

I swear(affirm) that the information set forth in this application for renewal of the Limited Purpose Schedule II Permit is true and correct to the best of my knowledge, information and belief.

Mid-Level Practitioner Signature and Title

Date

****THE FEE FOR THIS APPLICATION IS \$10.00****

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-20-.06 Rule
Title: Prescription Guidelines

X New Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer William M. Perkins

Date: October 20, 2022

REC'D & FILED

OCT 20 2022

LEGISLATIVE SVC AGENCY

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-20-.06, Prescription Guidelines

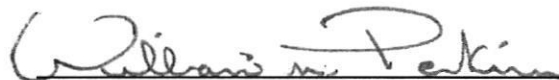
INTENDED ACTION: Adopt a new rule

SUBSTANCE OF PROPOSED ACTION: New rule setting forth prescription guidelines for controlled substances prescriptions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

A handwritten signature in dark ink, appearing to read "William M. Perkins", is written over a horizontal line.

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

540-X-20-.06 Prescription Guidelines.

(1) When prescribing controlled substances, a PA, CRNP, or CNM shall use a prescription form which includes all of the following:

(a) The name, medical practice site address and telephone number of the supervising/collaborating physician.

(b) The full name of the PA, CRNP, or CNM;

(c) The medical practice site address and telephone number of the PA, CRNP, or CNM, if different from that of the supervising/collaborating physician;

(d) The license number of the PA, CRNP, or CNM.

(e) The words "Product Selection Permitted" printed on one side of the prescription form directly beneath a signature line;

(f) The words "Dispense as written" printed on one side of the prescription form directly beneath a signature line.

(g) The date that the prescription is issued to the patient.

(h) The patient's full name and address.

(i) The QACSC and LPSP registration numbers of the PA, CRNP, or CNM.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Alabama §§ 20-2-50, et. seq.; 20-2-260; 34-24-53

History: Approved for publication: