

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-7, Appendix B  
Rule Title: Application for Licensure of Physician Assistant

X 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 A. Peltz

Date: October 20, 2022

REC'D & FILED

OCT 20 2022

STATE OF ALABAMA

APA-2

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7, Appendix B, Application for Licensure of Physician Assistant

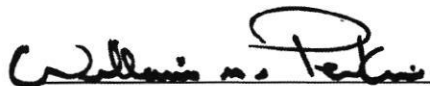
INTENDED ACTION: Amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend to clarify and expound upon background questions.

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](http://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)

540-X-7, Appendix B  
Application for Licensure of Physician Assistant

~~Alabama Board of Medical Examiners  
PO Box 946 / Montgomery AL 36101-0946 / (334) 242-4116~~

~~Application for Licensure of Physician Assistant~~

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

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Physician Assistant's name in full

Social Security Number\*

\*Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete, and no license will be issued.

**Place of Birth**

Country of Birth

City of Birth

State/Province of Birth

Gender/Sex (at birth)

Date of Birth

**Contact Information**

The address and contact methods provided should be how the Board or Commission can contact the license applicant directly. Please DO NOT provide contact information

~~for office managers, assistants, or license assistance companies.~~

**Home Address**

Country

Street

Apt/Suite

City

State

Zip

County

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

\* This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied prescription privileges for non-controlled or legend



drugs by any state or federal authority?

7. Have you ever been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?

8. Has your certification or license to practice as an assistant to physicians in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

9. Have your privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

10. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

12. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

13. Within the past five years, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

14. Are you currently\* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

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

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners.

14.a. 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. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), an 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 with reasonable skill and safety to patients can result in the Board taking action against the license to practice as an assistant to physicians.

Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

15. Has your medical education, training, or medical practice been interrupted or **suspended**, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

~~If you answer yes to any of the following questions, please provide a detailed explanation and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc., if appropriate:~~

- ~~1. Have you ever been convicted of a felony?~~
- ~~2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?~~
- ~~3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?~~
- ~~4. Have you ever been denied a state or federal controlled substance certificate?~~
- ~~5. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?~~
- ~~6. Has your certification or license to practice as a physician assistant in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered while under investigation in any state?~~
- ~~7. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation?~~
- ~~8. Have you ever been denied a certification or license to practice as a physician assistant in any state or has your application for certification or for a license to practice as a physician assistant been withdrawn under threat of denial?~~
- ~~9. Have you ever had a judgment rendered against you or action settled relating to the performance of your professional service?~~
- ~~10. Have you successfully completed the Physician Assistant National Certifying Examination?~~

~~—— If YES, upload verifying documentation from the National Commission on Certification of Physician Assistants (NCCPA).~~

- ~~\_\_\_\_\_ If NO, have you ever taken the examination?~~
- ~~\_\_\_\_\_ Are you registered to take the PANCE?~~
- ~~\_\_\_\_\_ If YES upload verifying documentation from the NCCPA.~~

~~PANCE Test date:~~

~~11. Are you currently registered, certified to or working for any other primary supervising physician in another state? ie Are you presently working as a physician assistant? If so, answer yes.~~

~~\_\_\_\_\_ If YES, provide the name and principal practice location of each primary supervising physician to whom you are certified. In addition, state your designated working hours per week for each physician listed.~~

~~12. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?~~

~~13. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?~~

~~14. 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)~~

~~\_\_\_\_\_ You answered Yes, please provide a description~~

~~\*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 an assistant to a physician within the past two years.~~

~~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 Physician 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 with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as a physician assistant.~~

~~\_\_\_\_\_ Please type your initials certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.~~

~~15. Have you been, within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?~~

16. ~~Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?~~

### **Education Information**

~~When entering dates attended in the education sections if you do not know the exact date attendance dates below, you may use the first date of the month instead of the exact date. (Example: you attended from August 1990 – July 1994, enter 08/01/1990 – 07/01/1994)~~

### **Applicant's Education (since graduating from high school beginning with undergraduate degree)**

Upload a copy of your diploma(s) reflecting graduation from a Physician Assistant Program

School Name

Start Date

End Date

School Address

### **Applicant's Activities Since Beginning Undergraduate Degrees since graduating from high school (cover all time periods)**

Place of Employment or Activity

Start Date

End Date

Address

### **Examination**

Have you successfully completed the Physician Assistant National Certifying Examination?

If YES, upload verifying documentation from the National Commission on Certification of Physician Assistants (NCCPA).

If NO, have you ever taken the examination?

Are you registered to take the PANCE?

If YES upload verifying documentation from the NCCPA.

PANCE Test date:

### **Current Practice**

Are you currently registered, certified to or working for any other primary supervising physician in another state? ie Are you presently working as a physician assistant? If so, answer yes.

If YES, provide the name and principal practice location of each primary supervising physician to whom you are certified. In addition, state your designated working hours per week for each physician listed.

### **Certification of Licensure in Other States**

List all states where you have been certified/registered/licensed as a Physician

~~Aassistant to physicians). Primary source verification is required from any state that does not report physician assistant data to the Federation of State Medical Boards.~~

~~It is a requirement that each state provide directly to the Board a verification. Copies via facsimile or email are accepted. It is your responsibility to make the request to each state.~~

State \_\_\_\_\_

**Affidavit Certification and Release:**

I, [full name], certify ~~after being duly sworn,~~ that all of the information supplied in the submitted application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of ~~the assistant me~~ and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of any certification / licensure granted.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release of the Alabama Board of Medical Examiners from all liability for the release of this information.

I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

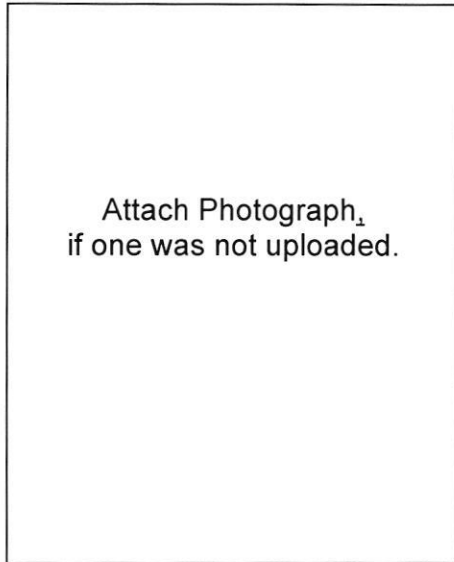
I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge,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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
~~Physician Assistant's~~ Physician Assistant's Signature

Date: \_\_\_\_\_ County \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
State of \_\_\_\_\_

SWORN to and subscribed before me this \_\_\_\_\_ day of



\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

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

~~The Alabama Board of Medical Examiners will enforce the Board's rules and options for the issuance of Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.~~

~~Print affidavit and release, sign in presence of Notary Public, attach color picture if not uploaded, and mail original to the Alabama Board of Medical Examiners.~~



ALABAMA BOARD OF MEDICAL EXAMINERS  
DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN  
ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code § 31-13-1, et. seq. prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Act 2011-535 also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for licenses or permits.

SECTION 1 --- APPLICANT INFORMATION

NAME: (Last)(First)(M.I.)

DATE OF BIRTH:

SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one) Yes/No

If you answered YES: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered No: Complete Sections III and IV.  
Name of document provided:

SECTION III – ALIEN STATUS

Are you an alien lawfully present in the United States? Yes/No

If you answered Yes: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document

that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered No: Complete Section IV.

Name of document provided:

#### SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

#### LIST A

##### DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

(1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver's identification card that the person has provided satisfactory proof of United States citizenship.

(2) The applicant's birth certificate that satisfactorily verifies United States citizenship.

(3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.

(4) The applicant's United States naturalization documents or the number of the certificate of naturalization.

(5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.

(6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.

(7) The applicant's consular report of birth abroad of a citizen of the United States of America.

(8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.

(9) The applicant's certification of report of birth issued by the United States Department of State.

(10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.

(11) The applicant's final adoption decree showing the applicant's name and United States birthplace.

(12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.



(13) An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.

## LIST B

### DOCUMENTS INDICATING STATUS OF QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk (\*).

#### a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- Form I-551 (Alien Registration Receipt Card, commonly known as a "green card");
- or

- Unexpired Temporary I-551 stamp in foreign passport or on \* I Form-94.

Asylee

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;

- \* Form I-688B (Employment Authorization Card) annotated "274.a12(a)(50";

- \* Form I-766 (Employment Authorization Document) annotated "A5";

- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or

- Order of an immigration judge granting asylum.

Refugee

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or

- \* Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for at Least One Year

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

Alien Whose Deportation or Removal Was Withheld

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10);

- \* Form I-766 (Employment Authorization Document) annotated "A10"; or

- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA;

- \* Form I-688B (Employment Authorization Document) annotated "274a.12(a)(3)";

or

- \* Form I-766 (Employment Authorization Document) annotated "A3."

Cuban / Haitian Entrant

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
  - Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
  - Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212(d)(5) of the INA.
- Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty
- U.S. Citizenship and Immigration Service petition and supporting documentation

Author: Alabama Board of Medical Examiners

Authority: Ala. Code §§ 34-24-293, 34-24-298

History: Amended/Approved: November 16, 2017. Amended filed: February 27, 2018.

Effective Date: April 13, 2018. Amended/Approved: June 20, 2018. Certified Filed:

August 22, 2018. Effective Date: October 7, 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-7, Appendix D  
Rule Title: Application for Licensure of Anesthesiologist Assistant

       New               X        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 A. 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-7, Appendix D, Application for Licensure of Anesthesiologist Assistant

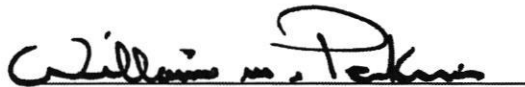
INTENDED ACTION: Amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend to clarify and expound upon background questions.

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](http://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 black 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-7, Appendix D

~~ALABAMA BOARD OF MEDICAL EXAMINERS~~

~~P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116~~

**APPLICATION FOR LICENSURE OF ANESTHESIOLOGIST ASSISTANT**

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

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Anesthesiologist Assistant's Name Social Security Number\*\_\_\_\_\_

~~\*Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete, and no license will be issued.~~

**Place of Birth**

~~Country of Birth~~

~~City of Birth~~

~~State/Province of Birth~~

~~Gender/Sex (at birth)~~

~~Date of Birth~~

**Contact Information**

~~The address and contact methods provided should be how the Board or Commission can contact the license applicant directly. Please DO NOT provide contact information for office managers, assistants, or license assistance companies.~~

**Home Address**

Country

Street

Apt/Suite

City

State

Zip

County

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

\* This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?



7. Have you ever been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?

8. Has your certification or license to practice as an assistant to physicians in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

9. Have your privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

10. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

12. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

13. Within the past five years, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

14. Are you currently\* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

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

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners.

14.a. 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. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), an 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 with reasonable skill and safety to patients can result in the Board taking action against the license to practice as an assistant to physicians.

Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

15. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

When entering attendance dates below, you may use the first date of the month instead of the exact date. (Ex: attended August 1990 – July 1994, enter 08/01/1990 – 07/01/1994)

**Education (beginning with undergraduate degree)**

Upload a copy of your diploma(s) reflecting graduation from an Anesthesiologist

Assistant Program

School Name

Start Date

End Date

School Address

**Activities Since Beginning Undergraduate Degree (cover all time periods)**

Place of Employment or Activity

Start Date

End Date

Address

**Examination**

Have you successfully completed the Anesthesiologist Assistant National Certifying Examination?

If YES, upload verifying documentation from the National Commission on Certification of Anesthesiologist Assistants (NCCAA).

If NO, have you ever taken the examination?

Are you registered to take the examination?

If YES upload verifying documentation from the NCCAA.



Test date:

**Current Practice**

Are you currently registered, certified to or working for any other primary supervising physician in another state? ie Are you presently working as an anesthesiologist assistant? If so, answer yes.

If YES, provide the name and principal practice location of each primary supervising physician to whom you are certified. In addition, state your designated working hours per week for each physician listed.

**Certification of Licensure in Other States**

List all states where you have been certified/registered/licensed as an assistant to physicians. Primary source verification is required from any state that does not report anesthesiologist assistant data to the Federation of State Medical Boards.

**Certification and Release:**

I, [full name], certify that all of the information supplied in the submitted application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of me and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of any certification / licensure granted.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release of the Alabama Board of Medical Examiners from all liability for the release of this information.

I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

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.

Anesthesiologist Assistant's Signature

~~If you answer yes to any of the following questions, please provide a detailed explanation and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc., if appropriate:~~

~~1. Have you ever been convicted of a felony?~~

- ~~2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?~~
- ~~3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?~~
- ~~4. Have you ever been denied a state or federal controlled substance certificate?~~
- ~~5. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?~~
- ~~6. Has your certification or license to practice as an anesthesiologist assistant in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered while under investigation in any state?~~
- ~~7. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation?~~
- ~~8. Have you ever been denied a certification or license to practice as an anesthesiologist assistant in any state or has your application for certification or for a license to practice as an anesthesiologist assistant been withdrawn under threat of denial?~~
- ~~9. Have you ever had a judgment rendered against you or action settled relating to the performance of your professional service?~~
- ~~10. Have you successfully completed the Anesthesiologist Assistant National~~  
~~You answered Yes, upload verifying documentation from the National~~  
~~Commission on Certification of Anesthesiologist Assistants (NCCAA).~~  
~~Have you ever taken the examination?~~  
~~Are you registered to take the examination?~~  
~~You answered Yes, upload verifying documentation from the NCCAA.~~  
~~Test Date:~~
- ~~11. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?~~
- ~~12. Have you ever been diagnosed as having or have you ever~~

been treated for pedophilia, exhibitionism or voyeurism?

13. 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)

\*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 an assistant to an anesthesiologist within the past two years.

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 Physician 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 with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as an anesthesiologist assistant.

Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

14. Have you been, within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?
15. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?

### **Education Information**

When entering dates attended in the education sections if you do not know the exact date use the first date of the month. (Example: you attended from August 1990 — July

1994, enter 08/01/1990 — 07/01/1994)

**~~Applicant's Education (since graduating from high school)~~**

~~Upload a copy of your diploma(s) reflecting graduation from an Anesthesiologist Assistant Program~~

~~School Name~~

~~Start Date~~

~~End Date~~

~~School Address~~

**~~Applicant's Activities since graduating from high school (cover all time periods)~~**

~~Place of Employment or Activity~~

~~Start Date~~

~~End Date~~

~~Address~~

**~~CERTIFICATION of LICENSURE: (list all states where you have been certified/registered/licensed as an Anesthesiologist Assistant). It is a requirement that each state provide directly to the Board a verification. Copies via facsimile or email are accepted. It is your responsibility to make the request to each state.~~**

~~It is a requirement that each state provide a verification of licensure and return it directly to this agency where it will be added to your application for licensure. It is your responsibility to make the request to each state.~~

~~State~~

**~~Affidavit and Release:~~**

~~I, \_\_\_\_\_, certify after being duly sworn, that all of the information supplied in the submitted application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of the assistant and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of any certification / licensure granted.~~

~~I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release of the Alabama Board of Medical Examiners from all liability for the release of this information.~~

~~I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board~~

~~of Medical Examiners and release this person or any organization from any liability for the release of information.~~

\_\_\_\_\_  
Anesthesiologist Assistant's Signature

Date: \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

SWORN to and subscribed before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

Attach Photograph,  
if one was not uploaded.

\_\_\_\_\_  
\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

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

~~The Alabama Board of Medical Examiners will enforce the Board's rules and options for the issuance of Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.~~

~~Print affidavit and release, sign in presence of Notary Public, attach color picture if not uploaded, and mail original to the Alabama Board of Medical Examiners.~~

Author: Alabama Board of Medical Examiners

Authority: Ala. Code §§ 34-24-303

History: Amended/Approved: November 16, 2017. Amended filed: February 27, 2018.  
Effective Date: April 13, 2018. Amended/Approved: June 20, 2018. Certified Filed:  
August 22, 2018. Effective Date: October 7, 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-7, Appendix E  
Rule Title: Physician Assistant/Anesthesiologist Assistant License Renewal

       New        X 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. Parker

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-7, Appendix E, Physician Assistant/Anesthesiologist  
Assistant License Renewal

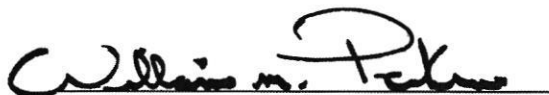
INTENDED ACTION: Amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend to clarify and expound upon  
background questions.

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](http://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 black 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)



**20XX Physician Assistant / Anesthesiologist Assistant License Renewal**

**Deadline: December 31, 20XX**

~~Failure to apply for license renewal and pay renewal fee will result in the license automatically being placed in an inactive status, making it illegal for the holder to practice as a Physician Assistant/Anesthesiologist Assistant effective January 1, 20XX.~~  
Failure to apply for license renewal and pay renewal fee will result in the license automatically being placed in an inactive status, making it illegal for the holder to practice as a Physician Assistant/Anesthesiologist Assistant effective January 1, 20XX.

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

**CME Certification: (Select One)**

I hereby certify that I have met or will meet by December 31 the annual minimum continuing education requirement of 25 AMA PRA Category I Credits™ or equivalent continuing medical education for the calendar year 20XX and have or will have supporting documentation if audited.

I hereby certify that I am exempt from the minimum continuing medical education requirement for the following reason (Select One)

I received my initial license to practice in Alabama in the calendar year 20XX.

I am exempt from the CME requirement for the calendar year 20XX because I am a member of a branch of the armed services and I was deployed for military service in the calendar year 20XX.

I have obtained a waiver from the Board of Medical Examiners due to illness, disability or other hardship condition which existed in the calendar year 20XX.

**Professional Responsibility Certification**

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Since your last renewal, have you been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

\*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Since your last renewal, have you been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Since your last renewal, have you had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. Since your last renewal, to your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Since your last renewal, have you had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Since your last renewal, have you been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?

7. Since your last renewal, has your certification or license to practice as an assistant to physicians in any state or jurisdiction been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Since your last renewal, have your privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application and since your last renewal, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Within the past two years, have you been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

11. Within the past two years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

12. Since your last renewal, have you been convicted of driving under the influence (DUI), or

have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

13. Are you currently\* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

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

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners.

13.a. 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. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), an 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 with reasonable skill and safety to patients can result in the Board taking action against the license to practice as an assistant to physicians.

Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Practice Interruption:

14. Since your last renewal, has your professional education, training, or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

Please answer the following questions yes or no. If any answer is "yes," please provide a detailed explanation.

- a. Have you been convicted of a felony within the past year?
- b. Have you been convicted within the past year of a crime or offense (Felony or misdemeanor) related to the practice of medicine?
- c. Have you been convicted within the past year of any violation of a state or federal law relating to controlled substances?

- ~~d. Within the past year, has your PA/AA certificate or license in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered while under investigation?~~
- ~~e. Within the past year, have your privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation?~~
- ~~f. Have you been denied a PA/AA certificate or license in any state or has your application for a certificate or license been withdrawn under threat of denial within the past year?\_\_\_\_\_~~
- ~~g. Have you had within the past year a judgment rendered against you or action settled relating to the performance of your professional service?~~
- ~~h. Within the past two years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?~~
- ~~i. Within the past two years, have you been diagnosed as having or been treated for pedophilia, exhibitionism, or voyeurism?~~
- ~~j. Since you last renewed have you 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**).~~  
~~If you answer "yes", then a description is required.~~
- ~~k. **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 Physician 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 with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as an assistant to physician.**~~

\_\_\_\_\_ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

\*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 that the condition referred to may have an ongoing impact on one's

~~functioning as a physician assistant/anesthesiologist assistant, or within the past two years.~~

- ~~l. Have you been, within the past year, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?~~
- ~~m. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation or maternity leave?~~

Review the following Registration Agreements (RA) (If any):

Is this Registration Agreement still Active?

How many hours per week do you work under this Registration Agreement?

Please provide a date of termination

What was the reason this Registration Agreement was terminated

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 could result in disciplinary action.

Author: Alabama Board of Medical Examiners

Authority: Ala. Code § 34-24-299

History: Amended/Approved: May 17, 2017. Effective date: September 5, 2017.

Amended/Approved: November 16, 2017. Effective Date: April 9, 2018.