



MEDICALDIGEST

Fall 2025 | www.albme.gov

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LICENSE AND REGISTRATION RENEWALS

All licenses expire on Dec. 31.

- There is a grace period for full MD/DO licenses only to renew from Jan. 1 to Jan. 31, with a late fee.
- Renewal applications are completed online through the Licensee Gateway (dashboard.albme.gov) beginning on Oct. 1.
- Reminders are sent beginning in October.
 - Update your email in the Licensee Gateway to ensure delivery.
- Lawful aliens/foreign national licensees -- submit your Declaration of Lawful Presence including documentation before applying for renewal. Once documentation has been received and approved, the license will be available for renewal.

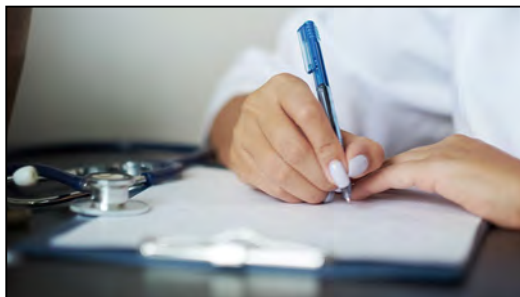


The medical license renewal fee has not been raised since 2007, and we have no plans to do so.

LICENSES AND REGISTRATIONS AVAILABLE FOR RENEWAL

MD/DO LICENSES

FULL (TRADITIONAL PATHWAY) (Renewal Fee \$300)



Requirements:

- Renewal period is Oct. 1 – Dec. 31 (grace period with an additional charge Jan 1 - 31).
- Twenty five AMA PRA Category 1 Credits™ or equivalent annually.

INTERSTATE MEDICAL LICENSURE COMPACT (IMLC) PATHWAY

Licenses obtained via the IMLC must be renewed using the IMLC renewal website. If you also hold an ACSC, renew the license via IMLC, then renew the ACSC through the Licensee Gateway. The renewal fee is \$300.

Continued

LIMITED LICENSE (COQ Renewal Fee \$15/License Renewal Fee \$300)

Residency/Fellowship/Professorship/State Penal/Mental Institution

- Limited certificates of qualification (COQ) and licenses are issued for one year only.
- Once the COQ is renewed, renew the limited license through the Licensee Gateway.
- You must have both a COQ and license to practice under a limited license.
- Limited licensees should start early with this two-step renewal process. The limited COQ renewal ([click here for application/instructions: https://shorturl.at/2tMYC](https://shorturl.at/2tMYC)) is completed by the applicant AND the program director/other official and must be received by the Board by Oct. 6 to be approved by the Board no later than its Oct. 16 meeting to ensure time for renewal of the limited license. Please see the instruction letter at the above link for further details.

RETIRED SENIOR VOLUNTEER PROGRAM LICENSE (RSVP) (No Renewal Fee)

- The COQ must be renewed prior to renewing the license.
- Complete the COQ renewal application, have it signed by the clinic or facility administrator, and email or mail it to the Board on or before Oct. 6.
- Once the COQ renewal application has been approved by the Board, the RSVP License is available to be renewed through the Licensee Gateway.
- Please contact your facility with any questions or for additional information.

REGISTRATIONS

ACSC (Renewal Fee \$150)

Requirements:

- Two AMA PRA Category 1 Credits™ every two years in controlled substances prescribing.
- Have a current registration to access the Prescription Drug Monitoring Databank
- Have a current Drug Enforcement Administration registration (upload a

copy of your DEA certificate)

To apply for re-issuance of an expired ACSC, please contact ACSC@albme.gov.

OFFICE BASED SURGERY (No Fee)

Office Based Surgery registrations are made annually during the license renewal process by Jan. 31. If you answer “yes” to the question of whether you perform office-based surgery, you will be alerted to submit registration/renewal form.

PAIN MANAGEMENT (Renewal Fee \$100)

Pain management registrations are renewed in the same manner and during the same period as licenses and ACSCs (Oct. - Dec.).

USE OF LASERS AND OTHER MODALITIES AFFECTING LIVING TISSUE (No Fee)

Registrations for the use of lasers and light/energy-based devices (LLBDs) renew annually during the license renewal period. If you answer “yes” to the question of whether you utilize LLBDs in your practice, you will be alerted to register and/or renew your current registration.

COLLABORATIVE PHARMACY PRACTICE (Renewal Fee \$200 Medical Board / \$50 Pharmacy Board)

Collaborative Pharmacy Practice agreements renew every two years. Physicians who are currently in a Collaborative Pharmacy Practice agreement due for renewal will be contacted individually with instructions.

PA/AA LICENSES (Renewal Fee \$100)

- Fifty AMA PRA Category 1 Credit™ or equivalent every two years.
- If a PA/AA fails to renew a license before Jan. 1 of each year, it may subsequently be renewed as follows:
- Between Jan. 1 and Jan. 31, submit a completed application through the Licensee Gateway, pay the fee, and certify completion of the required CME credits.

- Feb. 1 and thereafter, submit a completed application, pay the fee, and submit proof of completion of the required CME credits earned within the preceding 24 months.

COVERING PHYSICIAN CERTIFICATION

Collaborating and Supervising Physicians are required to certify annually that any approved covering physician continues to agree to serve in that capacity.

During the license renewal process, physicians in collaborative and supervisory agreements with CRNPs, CNMs, PAs, and/or AAs will be prompted to make the required certification. You will be able to view the covering physicians for your collaborative/supervisory practice, remove any that are no longer active, and make the certification.

OACSC/LPSP

Requirements:

- Four AMA PRA Category 1 Credit™ or equivalent every two years through a Board-approved course or courses regarding the prescribing of controlled substances (upload a copy of your CME certificate during the renewal process).
- Have a current registration to access the Prescription Drug Monitoring Databank.
- Have a current Drug Enforcement Administration registration.

Notice: The Board launched a new licensing system, Licensee Gateway, in the spring of this year. If you are visiting the new Licensee Gateway for the first time, you must register for an account. Once registered, you will be prompted to create a username and password. Once registration is complete, log into the Licensee Gateway using the username and password you just created.

1. Go to albme.gov
2. Select Licensee Gateway at the top of the page
3. Select Register
4. Answer the questions appropriately
5. Exit and return to Login
6. Login using your username and password

FREE CME OPPORTUNITY: VIRTUAL CME PROGRAM

4.00 CME/CE CREDIT

P.A.C.T. Update: Practical Approaches to Comprehensive Treatment of Pain 2024-2025

Link: <http://bit.ly/4nFo7ms>

The nation is facing competing public health issues: the need to treat a large number of Americans with acute and chronic pain vs the crisis of opioid abuse. Pri-Med's P.A.C.T. Update: Practical Approaches to Comprehensive Treatment of Pain 2024-25 curriculum focuses on improving practitioners' ability to recognize, diagnose, and classify pain; educating clinicians on the full spectrum of pain management options, including non-opioid pharmacologic interventions; and providing risk reduction strategies through integration of opioids into individualized pain management plans. Clinicians will learn to recognize signs and symptoms of opioid dependence and abuse in order to optimally manage patients' pain and medication use.

This activity is supported by an independent educational grant from the Opioid Analgesic REMS Program Companies. This activity is intended to be fully compliant with the Opioid Analgesic REMS education requirements issued by the U.S. Food and Drug Administration (FDA).

By participating in the curriculum, you are opting in to allow Pri-Med to provide National AHEC Organization (NAO) with participation and completion of participants and results for each AHEC.

Your AHEC is NORTH ALABAMA AHEC. Please select NORTH ALABAMA AHEC as your referral source so that they receive the credit.

This program will be available until the end of October 2025.

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NEW CME COURSES AVAILABLE!

AS PART OF YOUR **MEDICAL ASSOCIATION MEMBERSHIP**,
17 ONLINE CME COURSES ARE AVAILABLE TO YOU

FREE!

A TOTAL OF 15.75 AMA PRA CATEGORY 1 CREDITS™
A **\$1,230 VALUE**

VISIT WWW.ALAMEDICAL.ORG/ONLINECME

NEW PROTOCOLS FOR QACSC AND LPSP HOLDERS

On August 21, 2025, the Alabama Board of Medical Examiners approved updated protocols for the Qualified Alabama Controlled Substances Certificate (QACSC) and the Limited Purpose Schedule II Permit (LPSP). These updates are designed to support safe prescribing practices and include the use of new quarterly quality assurance (QA) forms.

All current and future QACSC and LPSP holders will need to follow the new protocols and begin using the quarterly QA forms immediately.

Summary of Changes:

QACSC

- May initiate therapy with 30-day supply + 2 refills (90 days total).
- May prescribe an initial 90-day supply with prior approval and documentation from the collaborating/supervising physician.
- Continued therapy beyond 90 days requires physician approval and documentation in the patient record.
- Reissue of a 90-day supply is allowed if originally initiated by physician.
- Physician must conduct an in-person evaluation every 12 months for patients receiving ongoing controlled substance therapy. Only the physician may reissue/refill prescriptions at that visit using their own ACSC and DEA registration.
- Quarterly documented quality assurance review required on BME forms- May include evaluation of “My RX” report from PDMP.



LPSP

- May initiate a 30-day supply. Allows two (2) reissues. Physician must see patient before additional reissues beyond two.
- LPSP can issue two reissues after physician initiates therapy. Physician must see patient before further reissues.
- Physician must see patient in-person every 12 months for ongoing treatment. Only physician can reissue/refill controlled substance at this visit using their own ACSC and DEA.
- Escalation must be done collaboratively and documented in medical record.
- Quarterly documented quality assurance review required on BME forms. May include evaluation of “My RX” report from PDMP.

We encourage you to take a few moments to review the updated protocols and forms, which are available on the Board’s website at [QACSC | Alabama Board of Medical Examiners & Medical Licensure Commission](https://www.albme.gov/licensing/crn-cnm/qacsc/) (https://www.albme.gov/licensing/crn-cnm/qacsc/) for CRNPs and CNMs, and [QACSC | Alabama Board of Medical Examiners & Medical Licensure Commission](https://www.albme.gov/licensing/pa-aa/qacsc/) (https://www.albme.gov/licensing/pa-aa/qacsc/) for PAs.

Incorporating these into your practice will help ensure you stay in compliance with the Board’s requirements.

If you have any questions or need assistance, please don’t hesitate to reach out to the Board at QACSC@albme.gov. We’re here to help.



BOARD RECOGNIZES RETIREMENT OF INVESTIGATOR WHITTLE

At the June 2025 meeting, the Board recognized the service of Investigator Whittle to the Board and congratulated him on his impending retirement. Investigator Whittle's extensive prior law enforcement and investigations knowledge served him well as he helped investigate some of our most complicated and important cases.

It takes a certain type of individual to be a Board Investigator – they must be intelligent, composed, pay attention to detail, and be adaptable and objective. Investigator Whittle was all of these and more.

He will be greatly missed, but we celebrate his many years of contribution to law enforcement and investigations and wish him the very best in retirement.



Chief Investigator Rogers, Investigator Whittle, Executive Director Perkins

INCREASE IN NUMBER OF LICENSES ISSUED VIA IMLCC

The **Interstate Medical Licensure Compact Commission** recently released their Year Eight Data Study. Compared to Year Four, the number of licenses issued by the Alabama Medical Licensure Commission in Year Eight increased by about 126%.

Some quick facts about the IMLCC process, which was implemented in April 2017:

- 42,000+ physician participants
- 95,000+ applications completed
- 150,000+ licenses issued
- 41 member states plus the Territory of Guam and the District of Columbia
- Texas, Florida, Ohio, New Jersey, and Illinois were the states with the most Letters of Qualification applications
- Texas, Wisconsin, Alabama, Illinois and Arizona issuing the most licenses

Follow the link to view the release.

https://imlcc.com/wp-content/uploads/2025/07/IMLCC_Year8_Supplemental-Information-7-3-2025-FINAL.pdf

See sample from the release on next page



IMLCC DATA STUDY YEAR 8

The Interstate Medical Licensure Compact Commission (IMLCC) has conducted the annual data study of selected completed applications. The data study looks at applications which were completed during a twelve-month period between April 1st to March 31st. The most recent study looked at applications completed between April 1, 2024 and March 31, 2025. A completed application is defined as an application started by the physician and all requested licenses have been issued or the physician failed to meet the qualification requirements and the application was denied.

Some quick facts about the IMLCC process, which was implemented in April 2017:

- **42,000+ physician participants**
- **95,000+ applications completed**
- **150,000+ licenses issued**
- **41 member states plus the Territory of Guam and the District of Columbia**
- **Texas, Florida, Ohio, New Jersey, and Illinois were the states with the most Letters of Qualification applications**
- **Texas, Wisconsin, Alabama, Illinois and Arizona issuing the most licenses**

To use the expedited licensure process, a physician must meet nine requirements and hold an active, unrestricted license in a member state where they live, practice, or are employed.

DATA QUESTIONS	April 2019 Results	April 2020 Results	April 2021 Results	April 2022 Results	April 2023 Results	April 2024 Results	April 2025 Results
Number of completed applications included in the data study	2,845	2,995	3,653	4,510	6,380	7,142	8,449
Average Number of licenses obtained per applicant	3.0	1.6	4.0	4.0	4.0	4.0	4.0
Percentage of those who obtains one or two licenses	64	80	58	63	63	60	62
Percentage of those who obtains three or more licenses	36 With 13% obtaining 7 or more licenses	20 With 6% obtaining 7 or more licenses	42 With 14% obtaining 7 or more licenses	37 With 15% obtaining 7 or more licenses	37 With 15% obtaining 7 or more licenses	40 With 18% obtaining 7 or more licenses	38 With 14% obtaining 7 or more licenses
Percentage of applications with a determination that the physician did not meet the eligibility requirements	10	16	9	9	8	7	7
Average number of days from application received to Letter of Qualification (LOQ) issued	36 With 32% obtained in 15 days or less	37 With 34% obtained in 15 days or less	50 With 33% obtained in 30 days or less (please note the change in our tracking mechanism)	52 With 35% obtained in 30 days or less	44 With 45% obtained in 30 days or less	43 With 42% obtained in 30 days or less	37 With 52% obtained in 30 days or less
Average number of days from the date an applicant is determined to be qualified to the date the requested licenses are issued	19 With 51% obtained in 7 days or less	20 With 51% obtained in 7 days or less	21 With 53% obtained in 7 days or less	18 With 54% obtained in 7 days or less	18 With 51% obtained in 7 days or less	20 With 51% obtained in 7 days or less	20 With 51% obtained in 7 days or less

Additional information regarding previous year data studies, along with applications received and licenses issued, including month by month, physician demographical information, and numbers by member board volume can be found on the IMLCC's website at <https://www.imlcc.org/news/press-releases-and-publications/>

Please contact the IMLCC Executive Director at imlccexecutivedirector@imlcc.net with questions.

BOARD ISSUES GUIDELINES FOR THE USE OF KETAMINE FOR TREATMENT RESISTANT DEPRESSION

GUIDELINES FOR THE OFF-LABEL USE OF KETAMINE FOR THE TREATMENT OF TREATMENT-RESISTANT DEPRESSION¹ IN OUTPATIENT SETTINGS²

Who Can Prescribe?

Ketamine must be prescribed by a physician who holds an active license to practice medicine in Alabama. The physician must be trained in the use of ketamine and the diagnosis and treatment of treatment-resistant depression (“TRD”). If the administering physician is not a psychiatrist, a diagnosis of TRD must be confirmed by a psychiatrist prior to initiating treatment.

Patient Selection³

Patients must have a current diagnosis of major depressive disorder as defined by The Diagnostic and Statistical Manual of Mental Illnesses (DSM-5-TR) OR have major depressive disorder with suicidal ideation for which a rapid treatment onset is important.

Ketamine should not be used as a first-line treatment for depression. Ketamine should only be considered after a failed response to an adequate trial of at least two antidepressants from at least two different antidepressant classes of adequate dose and duration. Whether ketamine is an appropriate treatment for a particular patient shall be determined by clinical interview or use of a standardized depression scale.



Exclusion Criteria

Ketamine should not be administered to patients with a current diagnosis or history of schizophrenia, schizoaffective disorder, patients with current uncontrolled hypertension, patients who are pregnant, or patients who have had previous serious adverse effects to ketamine. Ketamine should not be used in individuals with previous or current ketamine use disorder. Physicians must use extreme caution when using ketamine in individuals with a history of or active substance use disorder. Physicians should not administer ketamine to patients who are acutely intoxicated.

¹These guidelines apply only to the off-label use of racemic ketamine for treatment-resistant depression and not the administration of intranasal esketamine (SPRA-VATO®) when used in accordance with FDA guidelines.

²These guidelines do not apply to anesthesiologists administering ketamine for the induction and maintenance of anesthesia in a hospital setting or to physicians administering ketamine for palliative care.

³The Board developed these guidelines after review and consideration of Ketamine Infusion for Treatment Resistant Depression and Severe Suicidal Ideation, the National Protocol Guidance published by the Department of Veterans Affairs in February 2022.

Required Medical Screening

Physicians must obtain written informed consent, a complete history and physical, including a history of previous antidepressant use, conduct a physical examination, obtain a urine toxicology screen, and obtain informed consent prior to the administration of ketamine. Physicians should prescribe the minimum dose necessary to achieve the desired clinical effect.

Requirements for Location of Administration, Monitoring and Recovery

Ketamine should be administered in a space large enough to accommodate the patient and required personnel.

Ketamine should be administered in a facility which has the means to monitor a patient's heart rate, blood pressure, respiratory rate and oxygen saturation level. Oxygen and medications must be available in the event of sustained alterations in cardiovascular function or potentially dangerous behavioral symptoms by the patient during treatment.

A crash/code cart must be readily accessible.

The prescribing physician must be ACLS certified and trained to establish an airway if necessary.



When a physician prescribes ketamine for TRD, other licensed professionals may assist in the administration of ketamine and psychotherapy as long as the prescribing physician remains onsite and the licensed professional is under the physician's supervision. Licensed professionals who assist in the administration of ketamine must also be ACLS certified.

The prescribing physician or ACLS certified licensed professional must be present during the administration of ketamine. The patient should remain at the outpatient setting for monitoring. The physician must monitor the patient for at least two hours after the administration of ketamine. The physician must monitor the patient's blood oxygen saturation level, blood pressure and heart rate every five to fifteen minutes, and monitor the patient's level of consciousness / mental status by watching for signs of dissociation or distress. The monitoring of the patient can be delegated to other licensed professionals as long as the physician remains onsite.

Continued

The physician should have patients complete a questionnaire such as the Patient Health Questionnaire-9 in order to evaluate whether ketamine is providing the desired response. The physician should discontinue use of the anesthetic agent if the patient shows no improvement after a reasonable trial of four to six infusions.

Treatment by psychotherapy should be considered in tandem with ketamine administration.

Dosing and Titration

The physician must determine the appropriate dose for each patient. The most common dose is 0.5 mg/kg of body weight administered by IV infusion over 40 minutes. Higher doses may be more likely to result in adverse cardiovascular effects.

Ketamine infusions should not be given more than twice a week.

Safety Precautions

A physician should never allow the patient to administer ketamine for psychiatric reasons at home and should never allow a family member to monitor the patient.

The infusion should be discontinued if there is a significant increase in blood pressure or heart rate, the patient develops respiratory symptoms such as shortness of breath or wheezing, or if there is evidence of cardiac involvement.

After an infusion of ketamine, the patient should not drive or operate machinery for the remainder of the day.

The patient must be driven home by a caregiver.



REPORT OF PUBLIC ACTIONS OF THE MEDICAL LICENSURE COMMISSION AND BOARD OF MEDICAL EXAMINERS



July 2025

- Jul. 8 - Terry W. Bentley, MD (MD.16128), Jasper - the Alabama Controlled Substances Certificate is temporarily suspended pending a hearing on the allegations.
- Jul. 8 - Edward A. Tucker, CRNP (QACSC/LPSP.2448-24829), Jasper - the Qualified Alabama Controlled Substances Certificate and Limited Purpose Schedule II Permit are temporarily suspended pending a hearing on the allegations.
- Jul. 15 - Charles J. Veale, MD (MD.10204), Auburn - the license is voluntarily surrendered.

- Jul. 17 - Lawrence J. Sindel, MD (MD.11173), Mobile - the Alabama Controlled Substances Certificate is voluntarily surrendered.

- Jul. 28 - Cameron Townsend Corte, MD (MD.38259), Magnolia Springs - the proposed practice plan is approved.

August 2025

- Aug. 5 - Kamaledin H. Kamal, MD (MD.27906), Biloxi MS - the application for reinstatement of license is denied.
- Aug. 13 - Andre V. Haynes, MD

(MD.29119), Stockbridge GA - the license is revoked and assessed an administrative fine.

September 2025

- Sep. 7 - Craig R. Jones, D.O. (DO.345), Eagle Mountain UT - the license is voluntarily surrendered.



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Upcoming BME Meeting Dates

Oct 16 • Nov 13 • Dec 11

The public portion of each meeting is scheduled for 10 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL.

Meeting agendas and a full list of meeting dates and times can be found online at

www.albme.gov.

Upcoming MLC Meeting Dates

Oct 29 • Nov 19 • Dec 17

Meetings are held in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL unless otherwise indicated.

About MedicalDigest

MedicalDigest is the official publication of the Alabama Board of Medical Examiners and Medical Licensure Commission. It is published four times per year.

Past issues are archived and available on the Board's website at www.albme.gov.

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