



ALABAMA BOARD OF MEDICAL EXAMINERS

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

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

Application for a Limited Purpose Schedule II Permit (LPSP) for PA/CRNP/CNM

An application for a Limited Purpose Schedule II Permit should include:

- 1) Application form
 - Note: a separate LPSP is required for each Collaborative Practice Agreement/Registration Agreement and is exclusive to that Agreement.
 - Application Fee: \$25.00
 - 2) Completed Formulary for LPSP form
 - Attached to this application
 - Long-acting Schedule II medications should only be requested for Hospice/Palliative Care, Nursing Homes, or Oncology.
 - 3) LPSP covering physician agreement
 - Note: Covering physicians being added to the LPSP must first be on the Collaborative Practice Agreement/Registration Agreement and QACSC. Only physicians who have signed the covering agreement will be able to provide medical oversight for the prescribing under this LPSP.
 - 4) A **copy** of all your updated DEA Registration(s)
- You must have current, active, unrestricted access to the Alabama Prescription Drug Monitoring Program (PDMP)
 - Without a current and active Collaborative Practice Agreement/Registration Agreement, an LPSP is not valid.
 - Termination of a Collaborative Practice Agreement/Registration Agreement automatically terminates any LPSP which is under that Collaborative Practice Agreement/Registration Agreement.
 - If the Alabama Controlled Substances Certificate of the collaborating physician becomes inactive, revoked, suspended, restricted, or placed on probation, then the LPSP of the PA/CRNP/CNM shall be administratively terminated by operation of law.
 - Applicants should thoroughly review Chapter 540-X-20, Limited Purpose Schedule II Permit (LPSP) for PA/CRNP/CNM
 - LPSPs must be renewed annually.
 - LPSP renewal notifications are provided each year to the PA/CRNP/CNM's address of record. It is the PA/CRNP/CNM's responsibility to provide a current address to the Board.
 - LPSP licenses not renewed are automatically placed in inactive status on January 1 of each year.
 - An LPSP may be suspended or revoked by the Board upon a finding that the registrant has furnished false or fraudulent material information in any application.

Name in Full (First, Middle, Last) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

I attest that I have a current, unrestricted: ☐ PA License ☐ CRNP/CNM License

Alabama PA/CRNP/CNM License Number _____

Collaborating/Supervising Physician Name _____

Collaborating/Supervising Physician License # _____

Collaborating/Supervising Physician Medical Specialty _____

Collaborative Practice/Registration Agreement # _____

QACSC # _____ DEA # _____ Expires _____

We attest that the information set forth in this application for the Limited Purpose Schedule II Permit is true and correct to the best of our knowledge, information, and belief.

Signature of PA/CRNP/CNM

Date

Signature of Collaborating/Supervising Physician

Date

Please submit a completed application to:

QACSC@albme.gov

OR

Mail to:

Alabama Board of Medical Examiners
ATTN: LPSP Coordinator
848 Washington Avenue
Montgomery, AL 36104



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Approved Formulary for Limited Purpose Schedule II Permit for PA/CRNP/CNMs in Collaboration with a Licensed Physician

As set forth in AL Code § 20-2-260, the Alabama Board of Medical Examiners may grant a Limited Purpose Schedule II Permit to a Certified Registered Nurse Practitioner, Certified Nurse Midwife or Physician Assistant who has a current, unrestricted license to practice in the State of Alabama, a current Collaborative Agreement or Registration Agreement; a current, active, unrestricted Qualified Alabama Controlled Substance Certificate (QACSC) for Schedules III, IV and V, and current DEA license.

CRNP/CNM/PA printed name: _____ Specialty _____
Physician printed name: _____ Specialty _____
Collaborative Practice/Registration Agreement # _____

I authorize the above named PA/CRNP/CNM to prescribe and/or administer Controlled II Medications only as indicated below:

o ADHD Medications

Example: *Methamphetamine; Methylphenidate; Dexmethylphenidate HCL; Dextroamphetamine; Lisdexamphetamine; Dimesylate; Amphetamine Sulfate*

Frequently Used Brands: *Adderall; Adderall XR; Concerta; Daytrana; Dexedrine; Evekeo; Focalin; Focalin XR; Metadate CD; Metadate ER; Methylin; Procentra; Quillivant; Quillivant XR; Ritalin; Ritalin LA/SR; Vyvanase; Zenedi*

Brief Description of use for your practice:

o Hydrocodone Combinations

Frequently Used Brands: *Anexsia; Hycet; Ibudone; Maxidone; Norco; Norco Elixir; Repraxin; Vicoden; Vicoprofen; Zydone*

Brief Description of use for your practice:

o Hydrocodone (Cough Preparations)

Frequently Used Brands: *Hycodan; Hydromet; Tussicaps; Tussionex PK; Zutripro; Tussionex; Vicoprofen; Zydone*

Brief Description of use for your practice:



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o Morphine Sulfate - Immediate Release

Frequently Used Brands: *MSIR*

Brief Description of use for your practice:

o Oxycodone-Immediate Release

Frequently Used Brands: *Endocet; Oxy IR; Oxyfast; Roxicodone; Percocet; Percodan; Roxicet; Tylox*

Brief Description of use for your practice:

o Tapentadol

Frequently Used Brands: *Nucynta*

Brief Description of use for your practice:

Medications in this list are considered to be long acting and are subject to the following standard:

“Initial dose and any subsequent escalation of the dose must be written by the physician with
CRNP/CNM/PA writing maintenance doses only”.

**These medications should only be requested for Hospice/Palliative Care,
Nursing Homes, or Oncology.**

o Fentanyl-Long Acting

Frequently Used Brands: *Duragesic*

Brief Description of use for your practice:

o Hydrocodone-ER/LA

Frequently Used Brands: *Hydro ER; Hysingla; Zohydro*

Brief Description of use for your practice:

o Hydromorphone

Frequently Used Brands: *Dilaudid; Dilaudid HP; Exalgo*

Brief Description of use for your practice:



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o Morphine Sulfate- Long Acting

Frequently Used Brands: *Avinza; Kadian; MS Contin; Oxymorph; Roxanol*

Brief Description of use for your practice:

o Oxycodone-Long Acting

Frequently Used Brands: *OxyContin; Xartemis XR*

Brief Description of use for your practice:

o Oxymorphone-Long Acting

Frequently Used Brands: *Opana; Opana ER*

Brief Description of use for your practice:

o Tapentadol-Extended Release

Frequently Used Brands: *Nucynta; Nucynta ER*

Brief Description of use for your practice:

If additional medications are needed in the future, you may submit an additional formulary request.

Physician Signature

Date

PA/CRNP/CNM Signature

Date

Please submit the completed formulary to:

QACSC@albme.gov

OR

Mail to:

Alabama Board of Medical Examiners

ATTN: LPSP Coordinator

848 Washington Avenue

Montgomery, AL 36104



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LPSP Covering Physician Agreement

As a covering (backup) physician providing medical direction and oversight for the below listed PA/CRNP/CNM, I hereby attest by signing this document, that:

- (1) I am familiar with the current rules regarding physician assistants, certified registered nurse practitioners and / or certified nurse midwives and their ability to prescribe controlled substances.
- (2) That I am familiar with the Approved Formulary for Qualified Alabama Controlled Substance Certificates concerning all protocols and medical regimens relating to an LPSP which have been adopted by the Board of Medical Examiners.
- (3) That I have a current and unrestricted Alabama Controlled Substance Certificate.
- (4) That I will be accountable for adequately providing medical direction and oversight for the prescribing of controlled substances by the physician assistant, certified registered nurse practitioner or certified nurse midwife.
- (5) I will assume all responsibility for the controlled substance prescribing of the physician assistant, certified registered nurse practitioner or certified nurse midwife during the temporary absence of the primary Collaborating or Supervising physician.

Choose One: PA CRNP/CNM

PA/CRNP/CNM Name _____

Collaborative Practice Agreement/Registration Agreement # _____

Collaborating/Supervising Physician Name _____

Collaborating/Supervising License # _____

Covering Physician Name _____

Covering Physician Medical Specialty _____

Covering Physician ACSC # _____

Covering Physician AL Medical License # _____

Phone number # _____

Covering Physician Signature

Date

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OR

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