



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 provided upon request*

User of Lasers and Other Modalities Affecting Living Tissue

PHYSICIAN REGISTRATION FORM

Name of Physician: _____ AL License # _____

Primary Practice Address of Physician: _____
Street City State Zip

1) Does your office-based laser practice include the use of laser delegates? _____
Yes No

If yes, does your office-based laser practice include the use of level 1 delegates? _____
Yes No

A Level 1 Delegate is an assistant to physicians (PA) as defined in Ala. Code § 34-24-290, a certified registered nurse practitioner, or registered nurse (RN) authorized in a written job description or protocol to use a specific laser/pulsed light device or other energy source, chemical or other modality for non-ablative procedures, as designated in the written job description or protocol, and who has met the educational requirements for a Level 1 Delegate stated in these rules.

If yes, does your office-based laser practice include the use of level 2 delegates? _____
Yes No

A Level 2 Delegate is a licensed practicing nurse (LPN) or medical assistant to include aestheticians, cosmetologists, and laser technicians authorized in a written job description or protocol to use a specific laser/pulsed light device or other energy source, chemical or other modality for non-ablative procedures, as designated in the written job description or protocol, and who has met the educational requirements for a Level 2 Delegate as stated in these rules.

Do you have written protocols on file, signed by each delegate? _____
Yes No

2) Will you, or your delegates, if applicable, perform office-based laser procedures at a remote practice site? _____
Yes No

A remote practice site is a practice site at which a Level 1 Delegate may, if authorized by a written job description or collaborative protocol, use LLBDs for non-ablative procedures under locally remote supervision.

A Level 2 Delegate shall not use LLBDs at a remote practice site without their supervising physician on-site. Locally remote supervision is not allowed for a Level 2 Delegate.



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Locally remote supervision shall mean the geographic physical proximity of a delegating physician to a Level 1 Delegate who is performing a non-ablative procedure who is not providing on-site supervision but who is readily available for consultation, evaluation, referral, or direct medical intervention in person or by telemedicine. A locally remote physician's geographic physical proximity from the patient's treatment site must not exceed the usual and customary response time of emergency management services for the locality. Locally remote supervision may only be provided by American Board of Medical Specialties or American Osteopathic Association board-certified physicians who have completed post-graduate training in lasers, light-based devices, chemical peels, and any other modality that may be used to perform ablative treatment.

Provide the name and address of the remote site locations:

List the lasers you wish to use in your office-based laser practice:

Link: Chapter 540-X-11, *Guidelines for the Use of Lasers and Other Modalities Affecting Living Tissue*

I certify that I and my delegates have reviewed and understand the current rules of the Alabama Board of Medical Examiners pertaining to the use of lasers and other modalities affecting living tissue.

I certify that I and my delegates have met or will meet the training and education requirements set forth in 540-X-11, *Guidelines for the Use of Lasers and Other Modalities Affecting Living Tissue*.

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.

I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

Signature of Physician: _____ Date: _____