

APA-3
Revised 1/2018

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, § 41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 19th day of January, 2023, and filed with the agency secretary on the 19th day of January, 2023.

AGENCY NAME: Alabama State Board of Medical Examiners

Amendment New Repeal (Mark appropriate space)

Rule No. 540-X-7, Appendix F
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Application for Reinstatement of Physician Assistant/Anesthesiologist Assistant License

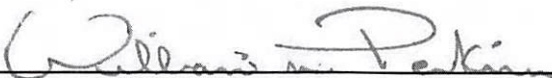
ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

No comments received. No changes from proposal.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XLI, ISSUE NO. 2, AAM, DATED NOVEMBER 30, 2022.

Statutory Rulemaking Authority: Ala. Code § 34-24-290, et. seq.

(Date Filed)
(For LRS Use Only)



Certifying Officer or his or her Deputy

NOTE: In accordance with §41 22 6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

REC'D & FILED
2023 JAN 23 AM 8:37
LEGISLATIVE SVC AGENCY

540-X-7, Appendix F
Application for Reinstatement of Physician
Assistant/Anesthesiologist Assistant License

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

**APPLICATION FOR REINSTATEMENT OF
PHYSICIAN ASSISTANT/ANESTHESIOLOGIST ASSISTANT LICENSE**

NAME

ADDRESS

INITIAL LICENSE NUMBER

ISSUE DATE

DATE OF REVOCATION/SUSPENSION/SURRENDER OF LICENSE:

REASONS FOR REVOCATION/SUSPENSION/VOLUNTARY SURRENDER OF
LICENSE (Please give detailed reasons)

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?

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

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

17. Have you ever been certified as a physician/anesthesiologist assistant by the Alabama Board of Medical Examiners in the past?

If YES, please list the names of the physicians/anesthesiologists.

Please list all states in which you hold or have applied for licensure:

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.

Assistant to Physicians' Signature