

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-7-Appendix-A

Rule Title: Application For Registration Of Physician Assistant

Intended Action Amend

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? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making 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. Perkins
William M Perkins

Date

Thursday, October 19, 2023

REC'D & FILED

OCT 19, 2023

LEGISLATIVE SVC AGENCY

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-Appendix-A Application For Registration Of
Physician Assistant

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

Add questions about supervising physician's postgraduate training and whether PA will practice under a limited protocol, and if so, to submit the completed applicable form. This amendment meets the "protection of public health" exemption from the moratorium on rule amendments contained in Governor Ivey's Executive Order No. 735, Reducing "Red Tape" on Citizens and Businesses.

TIME, PLACE AND 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 Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or email (bme@albme.gov), until and including Dec. 5, 2023. Persons wishing to submit data, views, or comments in person should contact Carla 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.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Tuesday, December 5, 2023

CONTACT PERSON AT AGENCY:

Carla Kruger

William M. Perkins

William M Perkins

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

Application For Registration Of Physician
Assistant.

ALABAMA BOARD OF MEDICAL EXAMINERS

APPENDIX A

ALABAMA BOARD OF MEDICAL EXAMINERS

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

APPLICATION FOR REGISTRATION OF PHYSICIAN ASSISTANT

PHYSICIAN:

Supervising Physician Name in Full

AL Medical License Number

Medical Specialty

Board Certified

~~Board Eligible~~ Residency Completion Date

If applicable, name of program and completion date of any fellowship, or other supervised training program.

Practice Address

County

Street

Apt/Suite

State

Zip

Telephone Number

1. Is the physician assistant for whom registration is sought employed by you or by your group, partnership or professional corporation?

You answered No, a Supplemental Certificate must be submitted.

PHYSICIAN ASSISTANT

Physician Assistant Name in Full

AL P. A. License Number

2. Covering Physicians

If you would like to add covering physicians to this registration agreement, please submit covering physician agreements.

3. Limited Protocols

If the P.A. intends to practice under a limited protocol, please submit the applicable limited protocol form.

34. Core Duties and Scope Of Practice

Please submit the core duties and scope of practice form.

- 45.** List each practice site where the core duties and scope of practice will be utilized and the number of hours this P.A. will be working weekly in each site. Must include name, address, and phone number of each site:

Remote site: Yes* No

Practice Name

Address

Phone

Hours Per Week

*If yes, provide a plan describing the practice location, facilities, and arrangements for appropriate communication, consultation, and review.

56. Specify a plan for quarterly quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the physician assistant and include review of a meaningful sample of medical records plus all adverse outcomes. The term "medical records" includes, but is not limited to, electronic medical records. Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings conclusions, and, if indicated, recommendations for change.

Supervising Physician Initials

Physician Assistant Initials

67. Will this P. A. be authorized to have prescriptive privileges? You answered Yes, complete the Formulary which is a list of the legend drugs which are authorized by the Physician to be prescribed by the P. A. The formulary approved under the rules of the Board of Medical Examiners should be utilized and attached as the authorized legend drugs to be prescribed. The medication categories chosen should reflect the needs of the supervising physician's medical practice.

78. Will this P. A. be authorized to have prescriptive privileges to prescribe controlled substances as allowed under Alabama Code Section 20-2-60, et. seq.? (Prerequisites for controlled substances prescribing by P.A.s are stated in Board Rules, Chapter 540-X-12) If yes, the application for a Qualified Alabama Control Substance Certificate can be found at our web site, www.albme.org.

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Physician Assistant Job Description is correct to the best of our knowledge and belief. We certify that we have reviewed the current rules of the Alabama Board of Medical Examiners pertaining to assistants to physicians and understand our responsibilities. We understand that we are equally responsible for the actions of the Assistant to the Physician.

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

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 or Medical Licensure Commission of Alabama could result in disciplinary action.

**SUPPLEMENTAL CERTIFICATE TO APPLICATION
FOR REGISTRATION AS A PHYSICIAN ASSISTANT**

To: _____
(Name and Address of Hospital or Corporate Employer)

— The State Board of Medical Examiners has been presented with an application from _____, P. A., for certification as a physician assistant to _____, M.D. Information available to the Board indicates that _____, M.D., is an employee of _____ (legal entity), and that _____, Physician Assistant, is an employee of _____ (legal entity).

— To assist the Board in evaluating this application, it is requested that this questionnaire be filled out and executed by the President, Chairman, Chief Executive Officer or Chief Administrative Officer of the corporation or other legal entity that employs the physician and/or the physician assistant. These questions relate directly to the supervisory relationship contemplated by Board Rules, Chapter 540-X-7. When an additional explanation is to be provided, please attach additional information on separate pages.

1. Is the physician whose name appears above, employed by you to engage in the full-time practice of medicine? If the answer to this question is no, please provide the Board with details of the employment agreement between your corporation and the physician.
2. Does the physician whose name is stated above have the unqualified authority to terminate the employment of the physician assistant registered to him/her? If the answer to this question is no, please set out in detail the steps required to terminate the employment of the physician assistant and identify the officer or officers of the corporation authorized to make that decision.
3. Does the physician whose name is stated above, have the unqualified authority to determine the levels of compensation to be paid to the physician assistant registered to him/her? If the answer to this question is no, please set forth in detail the manner in which the compensation of the physician assistant is established and the identification of the officer or officers of the corporation who are authorized to establish, increase or reduce the compensation of the physician assistant.
4. Does the physician whose name appears above have the unqualified authority in matters relating to patient care to enforce compliance with orders and directives issued to the physician assistant? Please describe in detail the manner in which such orders and directives may be enforced.

5. Is the physician assistant whose name appears above subject to the supervision, direction or control of any officer, director, supervisor or employee of the corporation other than the physician to whom he/she is registered? If the answer to this question is yes, please explain in detail, identifying the individual exercising the supervision, direction or control and the circumstances in which such supervision, direction and control would be exercised.
6. In matters relating to patient care, is the physician assistant whose name appears above subject to the immediate supervision, direction or control of any non-physician? If yes, explain the relationship.
7. Will the physician assistant whose name appears above be expected or required to perform any part of his/her duties at any time when the physician to whom he/she is registered is not on duty and physically present on the premises of the hospital, clinic, or facility where the physician's assistant services will be rendered? If the answer to this question is yes, please explain in detail all such circumstances.

I understand that the information submitted herein is to be used by the Board of Medical Examiners as the basis for registration of a physician assistant and that the furnishing of false or misleading information or the future occurrence of substantial departures from or violations of the standards and procedures outlined in this response may be considered by the Board as grounds for termination of the registration of the physician assistant.

The undersigned hereby certifies that the foregoing information is true and correct to the best of my knowledge, information and belief.

| | |
|-------------------------|--------------------------------------|
| Name of the Corporation | Title of Officer Signing Certificate |
|-------------------------|--------------------------------------|

| | |
|---|-----------|
| Printed Name of the Officer Signing Certificate | Signature |
|---|-----------|

This form may be sent to the Board via facsimile or email (see instructions)

Author: [Alabama Board of Medical Examiners](#)

Statutory Authority: [Ala. Code § 34-24-290, et. seq.](#)

History: [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. Amended/Approved August 18, 2021. Certified Rule Filed October 20, 2021. Effective Date: December 13, 2021.](#)