## TRANSMITTAL SHEET FOR
### NOTICE OF INTENDED ACTION

Control No. 540  
Department or Agency: Alabama State Board of Medical Examiners  
Rule No. 540-X-4-.02  
Rule Title: Application for an Alabama Controlled Substances Certificate

<table>
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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 and, if so, to what degree?  
NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?  
NO

Are all facets of the rulemaking 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

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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  
Date: October 20, 2022
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-4-.02, Application for an Alabama Controlled Substances Certificate

INTENDED ACTION: Amend the rule

SUBSTANCE OF PROPOSED ACTION: The rule is amended to state the information that is elicited on the application for an Alabama Controlled Substances Certificate.

TIME, PLACE, 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 H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. 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: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
540-X-4-.02 Application for an Alabama Controlled Substance Certificate. An example of the application applicant for an Alabama Controlled Substances Certificate is contained in Appendix A of Chapter 4 shall disclose whether:

(1) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation or revoked in any state.

(2) Applicant has ever been convicted of any state or federal crime relating to any controlled substance.

(3) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked, or voluntarily surrendered while under investigation.

(4) Applicant's staff privileges at any hospitals have ever been suspended, restricted, or revoked for any reason related to the prescribing or dispensing of controlled substances.

(5) Applicant is currently engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues.

(a) If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.

(b) The term "currently" as it is used in paragraph (5) above does not mean on the day of, or even in the weeks or months preceding the completion of the
application. Rather, it means recently enough so that the condition referred to may have
an ongoing impact on one’s functioning as a physician within the last two years.

(c) Applicant shall initial certifying an understanding of a statement of the duty
as a licensee to address any such condition, which states as follows:

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. The Board expects its licensees to
address their health concerns and ensure patient safety. Options include
anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician 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
medicine with reasonable skill and safety to patients, can result in the Board taking
action against the license to practice medicine.

Author: Alabama Board of Medical Examiners
History: Filed November 9, 1982 as Rule No. 540-X-2-.25. Readopted: Filed
February 8, 1983. Rules reorganized--rule number changed to 540-X-4-.02 (see
conversion table at end of code): Filed June 14, 1984 (without publication in
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No. 540
Department or Agency: Alabama State Board of Medical Examiners
Rule No. 540-X-4-.03
Rule Title: Renewal of an Alabama Controlled Substances Certificate

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 and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking 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

Date: October 20, 2022
AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-4-.03, Renewal of an Alabama Controlled Substances Certificate

INTENDED ACTION: Amend the rule

SUBSTANCE OF PROPOSED ACTION: The rule is amended to state the information that is elicited on the application for renewal of an Alabama Controlled Substances Certificate.

TIME, PLACE, 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 H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. 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: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
540-X-4-.03 Renewal of an Alabama Controlled Substances Certificate.

(1) Renewal of an Alabama Controlled Substances Certificate shall be annually on or before December 31 of each year.

(2) An applicant for renewal of an Alabama Controlled Substances Certificate shall submit to the Board the required certificate fee of $150.00.

(3) Before renewing an Alabama Controlled Substances Certificate, the applicant shall have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.

(4) Before renewing an Alabama Controlled Substances Certificate, an applicant shall have a current and appropriate registration issued by the United States Drug Enforcement Agency.

(5) The applicant shall disclose whether:

(a) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, or revoked in any state.

(b) Applicant has ever been convicted of any state or federal crime relating to any controlled substance.

(c) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked or voluntarily surrendered while under investigation.
(d) Applicant's staff privileges at any hospitals have ever been suspended, restricted, or revoked for any reason related to the prescribing or dispensing of controlled substances.

(e) Applicant is currently engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues.

1. If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners.

2. The term "currently" as it is used in paragraph (5) above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the last two years.

3. Applicant shall initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows:

   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. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician 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 medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

(f) Applicant dispenses controlled substances, other than pharmaceutical samples, from any practice location.

Author: Alabama Board of Medical Examiners
TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No. 540
Department or Agency  Alabama State Board of Medical Examiners
Rule No. 540-X-4-.05
Rule Title: Registration of Dispensing Physicians

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<td>Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?</td>
<td>NO</td>
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<td>Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?</td>
<td>YES</td>
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<tr>
<td>Is there another, less restrictive method of regulation available that could adequately protect the public?</td>
<td>NO</td>
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<td>Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?</td>
<td>NO</td>
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<tr>
<td>Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?</td>
<td>NO</td>
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<tr>
<td>Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?</td>
<td>YES</td>
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<td>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?</td>
<td>NO</td>
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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

Date: October 20, 2022
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-4-.05, Registration of Dispensing Physicians

INTENDED ACTION: Amend the rule

SUBSTANCE OF PROPOSED ACTION: The rule is amended to state the information that is elicited on the application for registration as a Dispensing Physician.

TIME, PLACE, 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 H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. 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: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
540-X-4-.05 Registration of Dispensing Physicians.

(1) Every dispensing physician, as defined by this rule, is hereby required to register with the State Board of Medical Examiners as a dispensing physician. Registration shall be accomplished on a form provided by the Board. After initially registering as a dispensing physician, it shall be the obligation of the registrant to advise the Board of any change in the practice location within the State of Alabama of that dispensing physician.

(2) For the purposes of this rule a "dispensing physician" shall mean any physician or osteopath licensed to practice medicine in Alabama who shall dispense or distribute to a patient for the patient's use any controlled substance, except prepackaged samples and/or starter packs, where such controlled substances are purchased by the physician or osteopath for resale to a patient whether or not a separate charge is made for the controlled substance.

(3) Prepackaged samples and starter packs shall mean those controlled substances which are packaged and labeled by the manufacturer in individual or small dosage units and which are intended to be distributed to patients for consumption or administration within a limited period of time.

(4) Controlled substances which are consumed by or which are administered to patients while being treated in the physician's office, clinic, hospital or other facility are not considered to be dispensed for the purposes of this rule.

(5) This registration requirement shall be applicable to all physicians or osteopaths who dispense or cause to be dispensed controlled substances for consumption or administration by patients off the premises of the clinic, hospital or other
facility where the physician or osteopath practices, without respect to whether such
controlled substances are purchased by an individual physician or osteopath, a
professional association or professional corporation, a for-profit or not-for-profit
corporation, a hospital, clinic or other medical facility.

(6) This registration requirement shall not apply to the dispensing of controlled
substances to patients treated in any hospital emergency room provided that:

(a) The patient has registered for treatment in the hospital emergency room
and was treated by the emergency room physician on duty; and

(b) The controlled substances dispensed are subject to inventory, accounting
and security controls and policies of the hospital pharmacy or the emergency room
department.

(7) A controlled substance is any drug or substance listed in Schedules II
through V of the Alabama Uniform Controlled Substance Act, Code of Ala. 1975, §§20-
2-1, et seq.

(3) Within thirty (30) days after the effective date of this rule the Board of
Medical Examiners shall cause a notice to be mailed to every licensed physician whose
practice location is in the State of Alabama notifying them of the requirements of this
rule and of the procedures for obtaining the required registration form. Every
dispensing physician shall be required to file the registration form with the State Board
of Medical Examiners within ninety (90) days of the effective date of this rule. Any
physician or osteopath who on the effective date of this rule is not a dispensing
physician but later becomes a dispensing physician is required to file the registration
form with the Board within thirty (30) days of becoming a dispensing physician.
effective date of this rule all physicians or osteopaths issued a certificate of qualification for licensure to practice medicine in Alabama will be provided with notice of the requirements of this rule.

(48) The form for registration of dispensing physicians is incorporated as Appendix C to Chapter 4 shall elicit the following information:

(a) Physician name and license number;
(b) Primary practice/dispensing location;
(c) Any and all additional practice/dispensing locations;
(d) Primary practice/dispensing location DEA number and expiration date.

(59) Any physician who acts as a "dispensing physician," as defined in this rule, and who has not registered with the Board as required by this rule may be assessed by the Board an administrative fine not to exceed Ten Thousand Dollars ($10,000.00), in addition to any other penalty authorized pursuant to Ala. Code of Ala. 1975, § 20-2-54.

(106) Every dispensing physician registered with the Board shall report controlled substances information to the Alabama Department of Public Health according to the requirements of Ala. Code of Ala. 1975, § 20-2-213 and regulations promulgated by the Alabama Department of Public Health pursuant to Ala. Code of Ala. 1975, § 20-2-210, et. seq., concerning the controlled substances prescription database.

(7) A dispensing physician registered with the Board may be assessed an administrative fine not to exceed Ten Thousand Dollars ($10,000.00) for each failure to report to the Alabama Department of Public Health as required by this rule.

Author: Alabama Board of Medical Examiners
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540  
Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-4, Appendix A
Rule Title: Application for Controlled Substances Registration Certificate

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<th>Amend</th>
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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 and, if so, to what degree?  

NO

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

NO

Are all facets of the rulemaking 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  

Date: October 20, 2022
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-4, Appendix A, Application for Controlled Substances Registration Certificate

INTENDED ACTION: Repeal the rule

SUBSTANCE OF PROPOSED ACTION: Application form is repealed.

TIME, PLACE, 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 H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. 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: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
Application for Controlled Substances Registration Certificate

WARNING: SECTION 20-2-54. CODE OF ALABAMA 1975 (AS AMENDED) STATES THAT A REGISTRATION MAY BE SUSPENDED OR REVOKED BY THE BOARD UPON A FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN AN APPLICATION.

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

All applicants must answer the following questions. If the answer to question A, B, C, D, or E is yes, the applicant must provide a complete explanation detailing all facts and circumstances.

A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, voluntarily surrendered while under investigation or revoked in any state?

B. Have you ever been convicted of any state or federal crime relating to any controlled substance?

C. Has your Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation?

D. Have your staff privileges at any hospitals ever been suspended, restricted or revoked for any reason related to the prescribing or dispensing of controlled substances?

E. Are you currently* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Physician Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama)

*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 so that the condition referred to may have an ongoing impact on one’s functioning as a physician within the last two years.
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. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (334-954-2596), a physician 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 medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

THE ANNUAL FEE FOR THIS CERTIFICATE IS $150.00.

I swear (affirm) that the information set forth in this application for Alabama controlled substances registration certificate is true and correct to the best of my knowledge, information and belief.

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.

Author: Alabama Board of Medical Examiners
Authority: Ala. Code § 20-2-50

Renewal - 20XX
Alabama Controlled Substances Certificate Registration Renewal
Deadline: December 31, 20XX

WARNING: SECTION 20-2-54, CODE OF ALABAMA 1975 (AS AMENDED) STATES THAT A REGISTRATION MAY BE SUSPENDED OR REVOKED BY THE BOARD UPON A FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN ANY APPLICATION.

Under Alabama law, this document is a public record and will be provided upon request it will be provided in its entirety.
Please answer yes or no. If any answers are YES, please include a detailed explanation.

A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, revoked, voluntarily surrendered while under investigation or disciplined in any manner in any state?
B. Have you ever been convicted of any state or federal crime relating to any controlled substance?
C. Has your Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation?
D. Have your staff privileges at any hospital ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances?
E. Since your last renewal, have you engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Physician Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama).
   If you answer "Yes", then a description is required.

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. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (334-954-2596), a physician 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 medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.
F. Do you have a current registration to access the Alabama Prescription Drug monitoring database Program (PDMP)?
   Yes  No

G. Do you dispense controlled substances, other than pharmaceutical samples, from any practice location? If yes, I confirm my Registration Form is on file with the ALBME.
   Yes  No

H. Do you have a current registration issued by the U. S. Drug Enforcement Administration?
   Yes  No

Please provide your Primary DEA number and expiration date.

   DEA Number

   DEA Expiration Date

NOTICE: A current registration to access the Prescription Drug Monitoring Database and a current registration issued by the U.S. Drug Enforcement Administration are required before renewing an Alabama Controlled Substances Certificate. For further information concerning DEA registration, contact DEA, (800) 882-9539. For further information concerning the prescription database, contact the Alabama Dept. of Public Health, (855-925-4767).

List any additional DEA numbers and addresses for other locations

   DEA Number

   DEA Expiration Date

   Address Location for DEA Number

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 could result in disciplinary action.

Author: Alabama Board of Medical Examiners
Authority: Ala. Code § 20-2-50
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Dispensing Physician Registration Form

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

Federal law requires a separate DEA registration for each practice/dispensing location. Do not add additional practice/dispensing locations unless you have applied for and obtained additional DEA registrations.

Physician Name: ___________________________ LIC. # __________________

Primary practice/dispensing location: ________________________________

City ___________________________ State _____ Zip _______________

Phone No. (____) ___________ DEA No.: ___________ Expiration date ________

Additional practice/dispensing location: ________________________________

City ___________________________ State _____ Zip _______________

Phone No. (____) ___________ DEA No.: ___________ Expiration date ________

Additional practice/dispensing location: ________________________________

City ___________________________ State _____ Zip _______________

Phone No. (____) ___________ DEA No.: ___________ Expiration date ________

Completed this ____ day of ______________________, 20______.

I hereby certify the foregoing information to be correct to the best of my knowledge, information and belief [OR] 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.

__________________________
NOTE: The rules of the Board of Medical Examiners require that a new registration form be filed when there is any change in the registrants' principal or additional practice locations and when you renew your DEA or change your DEA information.

Author: Alabama Board of Medical Examiners
Statutory Authority: Code of Ala. 1975, § 20-2-50
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-4, Appendix B
Rule Title: Alabama Controlled Substances Registration Renewal

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 and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking 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

Date: October 20, 2022
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-4, Appendix B, Alabama Controlled Substances Registration Renewal

INTENDED ACTION: Repeal the rule

SUBSTANCE OF PROPOSED ACTION: Application form is repealed.

TIME, PLACE, 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 H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. 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: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
Renewal - 20XX
Alabama Controlled Substances Certificate Registration Renewal
Deadline: December 31, 20XX

WARNING: SECTION 20-2-54, CODE OF ALABAMA 1975 (AS AMENDED) STATES THAT A REGISTRATION MAY BE SUSPENDED OR REVOKED BY THE BOARD UPON A FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN ANY APPLICATION.

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

Please answer yes or no. If any answers are YES, please include a detailed explanation.

A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, revoked, voluntarily surrendered while under investigation or disciplined in any manner in any state?
B. Have you ever been convicted of any state or federal crime relating to any controlled substance?
C. Has your Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation?
D. Have your staff privileges at any hospital ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances?
E. Since your last renewal, have you engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Physician Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama)

If you answer "Yes", then a description is required.

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. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (334-954-2596), a physician 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 medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

__________ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.
F. Do you have a current registration to access the Alabama Prescription Drug monitoring database Program (PDMP)?
   Yes      No

G. Do you dispense controlled substances, other than pharmaceutical samples, from any practice location? If yes, I confirm my Registration Form is on file with the ALBME.
   Yes      No

H. Do you have a current registration issued by the U. S. Drug Enforcement Administration?
   Yes      No

Please provide your Primary DEA number and expiration date.
DEA Number
DEA Expiration Date

NOTICE: A current registration to access the Prescription Drug Monitoring Database and a current registration issued by the U.S. Drug Enforcement Administration are required before renewing an Alabama Controlled Substances Certificate. For further information concerning DEA registration, contact DEA, (800) 882-9539. For further information concerning the prescription database, contact the Alabama Dept. of Public Health, (855-925-4767).

List any additional DEA numbers and addresses for other locations

DEA Number
DEA Expiration Date
Address Location for DEA Number

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 could result in disciplinary action.

Author: Alabama Board of Medical Examiners
Authority: Ala. Code § 20-2-50
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control  540
Department or Agency  Alabama State Board of Medical Examiners
Rule No.  540-X-4, Appendix C
Rule Title:  Dispensing Physician Registration Form

<table>
<thead>
<tr>
<th>Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
</tr>
<tr>
<td>Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?</td>
</tr>
<tr>
<td>YES</td>
</tr>
<tr>
<td>Is there another, less restrictive method of regulation available that could adequately protect the public?</td>
</tr>
<tr>
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</tr>
<tr>
<td>Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?</td>
</tr>
<tr>
<td>YES</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

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  Wiliams

Date:  October 20, 2022
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-4, Appendix C, Registration of Dispensing Physician

INTENDED ACTION: Repeal the rule

SUBSTANCE OF PROPOSED ACTION: Application form is repealed.

TIME, PLACE, 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 H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. 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: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
Dispensing Physician Registration Form

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

Federal law requires a separate DEA registration for each practice/dispensing location. Do not add additional practice/dispensing locations unless you have applied for and obtained additional DEA registrations.

Physician Name: ______________________________ LIC. # __________

Primary practice/dispensing location: ______________________________
City ___________________________ State _____ Zip __________
Phone No. (_____) _________ DEA No.: __________ Expiration date ________

Additional practice/dispensing location: ______________________________
City ___________________________ State _____ Zip __________
Phone No. (_____) _________ DEA No.: __________ Expiration date ________

Additional practice/dispensing location: ______________________________
City ___________________________ State _____ Zip __________
Phone No. (_____) _________ DEA No.: __________ Expiration date ________

Completed this ___ day of ________________________, 20___.

I hereby certify the foregoing information to be correct to the best of my knowledge, information and belief [OR] 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.
NOTE: The rules of the Board of Medical Examiners require that a new registration form be filed when there is any change in the registrants' principal or additional practice locations and when you renew your DEA or change your DEA information.

Author: Alabama Board of Medical Examiners Statutory Authority: Code of Ala. 1975, § 20-2-50