ALABAMA BOARD OF MEDICAL EXAMINERS

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

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Additional Application for a Qualified Alabama Controlled Substances Registration Certificate (QACSC) for CRNP/CNM

An application for a Qualified Alabama Controlled Substances Certificate should include:

1) Application form
    - Note: a separate QACSC is required for each Collaborative Practice Agreement and is exclusive to that Collaborative Practice Agreement.
    - Subsequent applications: $60.00
2) Completed Formulary for QACSC form
    - Attached to this application
3) Proof of successful completion of a course or courses (AMA PRA Category 1) **approved by the Board** which includes:
    - Eight (8) hours of instruction regarding the prescribing of controlled substances and
    - Four (4) hours of advanced pharmacology and prescribing trends relating to controlled substances within one (1) year preceding the filing of an application for a QACSC.
4) QACSC covering physician agreement
    - Note: Covering physicians being added for the QACSC must first be on the Collaborative Practice Agreement. Only physicians who have signed the covering agreement will be able to provide medical oversight for the prescribing under this QACSC.
5) A **copy** of all your DEA Registration(s), once received
    - Submit the DEA Registration to the Board once it is received.
    - To lawfully administer or prescribe controlled substances in Alabama, a Qualified Alabama Controlled Substances Registration Certificate and an Alabama DEA registration are required. For further information concerning federal requirements, go to https://deadiversion.usdoj.gov/

- Without a current and active Collaborative Practice Agreement, a QACSC is not valid.
- Termination of a Collaborative Practice Agreement automatically terminates any QACSC which is under that Collaborative Practice Agreement.
- If the Alabama Controlled Substances Certificate of the collaborating physician becomes inactive, revoked, suspended, restricted, or placed on probation, then the QACSC of the CRNP/CNM shall be administratively terminated by operation of law.
- Applicants should thoroughly review Chapter 540-X-18, Qualified Alabama Controlled Substances Registration Certificate for CRNPs & CNMs
- QACSCs must be renewed annually
- QACSC renewal notifications are provided in October each year to the CRNP/CNM's address of record. It is the CRNP/CNM's responsibility to provide a current address to the Board.
- QACSC licenses not renewed are automatically placed in inactive status on January 1 of each year.
- As a requirement for renewing a QACSC, a CRNP or CNM shall obtain, every two years, four (4) AMA PRA Category 1 credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.
- A QACSC 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) _____

AL RN/NP License Number _____ Expiration Date _____

NP Certification Organization _____ Certification Type _____

Certification Date _____ Expiration Date_____

CRNP/CNM Home Address _____

City _____ State _____ Zip _____County_____

CRNP/CNM Practice Address _____

City _____ State _____ Zip _____County_____

CRNP/CNM Mailing Address _____

City _____ State _____ Zip _____County_____

Which address would you like to be listed as your Public Address?

Home ☐ Practice ☐ Mailing ☐ The Public Address will be given out if requested.

Personal Email Address_____

Practice Email Address_____

Collaborating Physician Name_____

Collaborating Physician Phone Number _____

Collaborating Physician Email _____

Collaborating Physician Specialty _____

Collaborating Physician AL License Number_____

If you answer Yes to questions 2-8, or 10, please provide a detailed explanation.

		Yes	No
1)	Have you successfully completed the continuing medical education required by Board rules? If yes, attach documentation with this application.	☐	☐
2)	Will this QACSC be utilized at a remote site and/or in a different type of clinical setting than the collaborating physician?	☐	☐

3) Have your privileges for prescribing controlled substances ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory?

4) 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 professional healthcare practice, state or federal controlled substances laws, or driving under the influence (DUI)? *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.

5) Has any Federal Drug Enforcement Administration registration ever held by you been suspended, restricted, revoked, or voluntarily surrendered while under investigation?

6) Have your privileges at any hospitals ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or administering of controlled substances?

7) Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner?

8) Within the last five years, have you raised the issue of any physical or psychiatric health disorder 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?

9) The Board recognizes that permittees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its permittees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Permittees should seek appropriate medical care and should limit their practice when appropriate and as needed. The Board encourages permittees to utilize the services of the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program (VDAP), an advocacy organization dedicated to improving the health and wellness of nursing professionals. The failure to adequately address a health condition, where the permittee is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the Qualified Alabama Controlled Substances Certificate.

I have read and understood the statement above.

_____
CRNP/CNM Initials

10) Has any disciplinary action been taken or is pending against you with the Alabama Board of Nursing or any other licensing authority of any state, territory, or country?

FEE FOR ADDITIONAL CERTIFICATE IS $60.00. ENCLOSE YOUR CHECK WITH APPLICATION.
FEE MAY ALSO BE PAID ONLINE ONCE YOUR APPLICATION HAS BEEN RECEIVED.
Applications are not processed until the fee has been paid.

I swear (affirm) that the information set forth in this application for Qualified Alabama Controlled Substances Registration Certificate is true and correct to the best of my knowledge, information, and belief.

_____ _____
Signature of CRNP/CNM Date

_____ _____
Signature of Collaborating Physician Date

Please submit a completed application to:

QACSC@albme.gov

OR

Mail to:

Alabama Board of Medical Examiners
ATTN: APP Dept
848 Washington Avenue
Montgomery, AL 36104

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Approved Formulary for Qualified Alabama Controlled Substances Certificate for CRNP/CNMs in Collaboration with a Licensed Physician

As set forth in Ala. Code §20-2-250, et. seq., the Board of Medical Examiners of the State of Alabama may grant a Qualified Alabama Controlled Substances Registration Certificate to a CRNP/CNM who (1) is practicing in an appropriate Collaborative Practice, as defined herein and in accordance with Ala. Code §20-2-250, et. seq.; Ala. Code § 34-21-5; and all rules and regulations pertaining to physician oversight and direction between qualified physicians and qualified certified registered nurse practitioners and certified nurse midwives.

I authorize _____, CRNP/CNM pursuant to CP# _____ to prescribe and / or administer medications as indicated below. You must complete each line with Yes, No, or Restricted. If restricted, provide more information as needed.

	Yes	No	Restricted	
Schedule III*	☐	☐	☐	_____
Schedule IV*	☐	☐	☐	_____
Schedule V	☐	☐	☐	_____

*Refer to Administrative Rules **Chapter 540–X-17** *Guidelines and Standards for the Utilization of Controlled Substances For Weight Reduction*

Provide a written plan for review of the CRNP/CNM's controlled substance prescribing and patient outcomes.

_____

_____

_____

_____

Print Physician Name	Medical License#
Physician Signature	Date
Print CRNP/CNM Name	CRNP/CNM License #
CRNP/CNM Signature	Date

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QACSC Covering Physician Agreement

As a covering (backup) physician providing medical direction and oversight for _____ CRNP/CNM, by signing this document, I hereby affirm that:

(1) I am familiar with the current rules regarding 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 a QACSC which have been adopted by the Board of Medical Examiners.
Collaborative Practice # _____ Collaborating Physician Name_____

(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 certified registered nurse practitioner or certified nurse midwife.

(5) I will assume all responsibility for the controlled substance prescribing of the certified registered nurse practitioner or certified nurse midwife during the temporary absence of the primary Collaborating physician.

Medical Specialty of Collaborating Physician _____

Medical Specialty of Covering Physician _____

Telephone number _____

_____ _____
Print Covering Physician Name AL Medical License #

_____ _____
Covering Physician Signature Date