

APA-3

**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 a correct copy of rules as promulgated and adopted on the 21<sup>st</sup> day of February, 2018, and filed with the agency secretary on the 21<sup>st</sup> day of February, 2018.

AGENCY NAME: Alabama State Board of Medical Examiners

\_\_\_\_\_ Amendment \_\_\_\_\_ X \_\_\_\_\_ New \_\_\_\_\_ Repeal

Rule No. 540-X-18-.05

Rule Title: Issuance of an Additional Qualified Alabama Controlled Substances Registration Certificate (QACSC)

ACTION TAKEN: Rule was adopted with no changes from the proposal. There were no written or oral comments received.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVI, ISSUE NO. 3, AAM, DATED DECEMBER 29, 2017.

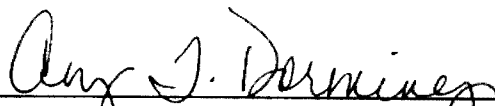
Statutory Rulemaking Authority: Ala. Code § 20-2-259

(Date Filed)  
(For LRS Use Only)

REC'D & FILED

FEB 27 2018

LEGISLATIVE SVC AGENCY

  
\_\_\_\_\_  
Certifying Officer or his or her Deputy

Substances Registration Certificate (QACSC).

(1) After the first QACSC for an approved collaborative practice agreement has been obtained by a CRNP or CNM pursuant to Board Rules 540-X-18-.02, .03 and .04, any subsequent QACSC obtained for an additional collaborative practice shall be designated an additional QACSC.

(2) The Board may issue an additional QACSC to a CRNP or CNM when all of the requirements for issuance have been met.

(3) Every additional QACSC issued shall have a unique QACSC number which identifies the particular applicant as a CRNP or CNM with a valid QACSC.

(4) The fee for an additional QACSC is Sixty Dollars (\$60.00).

**Author:** Alabama Board of Medical Examiners

**Statutory Authority:** Code of Alabama § 20-2-259

**History:** Approved for publication: December 13, 2017. New rule filed: February 27, 2018. Effective Date: April 13, 2018.

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AGENCY NAME: Alabama State Board of Medical Examiners

\_\_\_\_\_ Amendment \_\_\_\_\_  X \_\_\_\_\_ New \_\_\_\_\_ Repeal

Rule No. 540-X-18, Appendix C

Rule Title: Qualified Alabama Controlled Substances Registration Certificate (Additional) for Certified Registered Nurse Practitioners and Certified Nurse Midwives (Application)

ACTION TAKEN: Rule was adopted with one non-substantive change from the proposal (added the word "Application" to the heading). There were no written or oral comments received.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVI, ISSUE NO. 3, AAM, DATED DECEMBER 29, 2017.

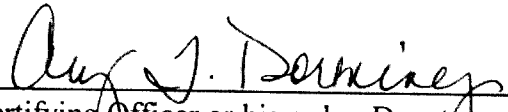
Statutory Rulemaking Authority: Ala. Code § 20-2-259

(Date Filed)  
(For LRS Use Only)

REC'D & FILED

FEB 27 2018

LEGISLATIVE SVC AGENCY

  
\_\_\_\_\_  
Certifying Officer or his or her Deputy

**Application: Qualified Controlled Substances Registration Certificate (Additional)  
for Certified Registered Nurse Practitioners and Certified Nurse Midwives**

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

CRNP/ CNM full name: first, middle, and last  
SS#

Present or previous Alabama QACSC #

AL RN License number/ Expiration Date

CRNP/ CNM Certification Type/ Date / Expiration Date

CRNP/ CNM home address/ Home County/ home phone number/ cell phone number/ email address

CRNP/ CNM practice address/ Practice County/ practice phone number/ practice email address

Which address do they designate as mailing? Which address do they designate as public?

Collaborating Physician Name

Collaborating Physician Phone Number and email

Collaborating Physician Specialty

Collaborating Physician Alabama Medical License number

All applicants must answer the following questions. (If the answer to question A, B, C, D, F or G is yes, please provide a detailed explanation.)

- A. Has your privilege for dispensing, accessing, 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 any previous or current Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation?
- D. Has your employment as a CRNP/CNM ever been suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances?
- E. Have you successfully completed the continuing medical education required by Board rules?  
*(This must include documentation of successful completion of twelve (12) hours of Category I credits including "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls," a Board-approved course that includes advanced pharmacology and prescribing trends relating to controlled substances. Starting with this 12-hour initial course, the CRNP/CNM must obtain (every two (2) years) four (4) AMA PRA Category 1 credits or equivalent through a board-approved course or courses that include advanced pharmacology and prescribing trends related to controlled substances.*

Date that the initial 12-hour controlled prescribing course was obtained:

Additional prescribing courses (if applicable):

Name of Course:

Date:

AMA PRA Category 1 hours obtained:

Additional prescribing courses (if applicable):

Name of Course:

Date:

AMA PRA Category 1 hours obtained:

Additional prescribing courses (if applicable):

Name of Course:

Date:

AMA PRA Category 1 hours obtained:

Upload CME documentation

- F. Has disciplinary action been taken or is disciplinary action pending against you with the Board of Nursing or other licensing authority of any state, territory, or country including but not limited to the Alabama Board of Nursing?
- G. 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 a voluntary recovery monitoring 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).

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

**IMPORTANT:** The Board recognizes that registrants 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 registrants to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Board of Nursing's Voluntary Disciplinary Alternative Program (334-293-5200), a nurse advocacy organization dedicated to improving the health and wellness of nursing professionals. The failure to adequately address a health condition, where the registrant is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the registrant.

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

\*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 CRNP/CNM within the past two years

*NOTICE: To lawfully administer or prescribe controlled substances in the State of Alabama, federal and state statutes require a Qualified Alabama Controlled Substances Registration Certificate and a DEA certificate of registration with the State of Alabama. For further information concerning federal requirements, go [www.deadiversion.doj.gov](http://www.deadiversion.doj.gov). You will apply for your DEA once the QACSC is issued.*

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 understand that knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary actions. Ala. Code § 20-2-54 states that a registration may

be suspended or revoked by the board upon finding that the registrant has furnished false or fraudulent material or information in any application.

Type name:

Fee: \$60

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code § 20-2-259

History: New Rule Approved: December 13, 2017. New rule filed: February 27, 2018. Effective Date: April 13, 2018.

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