

## ALABAMA STATE BOARD OF MEDICAL EXAMINERS

### INSTRUCTIONS FOR THE ALABAMA TEMPORARY EMERGENCY ANESTHESIOLOGIST ASSISTANT LICENSE AND TEMPORARY EMERGENCY REGISTRATION AND SUPERVISION

Applicants wishing to provide medical care to patients of Alabama suffering from and affected by the 2019 novel coronavirus known as COVID-19 may apply for a Temporary Emergency Anesthesiologist Assistant License.

A Temporary Emergency Anesthesiologist Assistant License will expire 120 days after the effective date of the emergency rule or when Governor Ivey lifts the State of Emergency, whichever is sooner.

Applicants must complete the attached application in its entirety and submit via email with a copy of a valid photo ID to the email address below:

[PAAADept@albme.org](mailto:PAAADept@albme.org)

#### TEMPORARY EMERGENCY REGISTRATION AND SUPERVISION

There shall be no independent, unsupervised practice by Anesthesiologist Assistants. All Anesthesiologist Assistants who are issued an emergency license under Rule 540-X-7-.71 must be registered and supervised by a physician.

Anesthesiologist Assistants who apply for an emergency license shall identify a supervising physician, if known, simultaneously with the submission of the application. An Anesthesiologist Assistant may be issued an emergency license without having identified a supervising physician; provided, the physician assistant must identify a supervising physician within fourteen (14) days of licensure.

You have fourteen (14) days upon issuance of your Temporary Emergency Anesthesiologist Assistant license to identify a supervising physician.

You may use the contact information below to identify a supervising physician if you did not do so upon submission of your application:

[PAAADept@albme.org](mailto:PAAADept@albme.org)

Deana Bozeman, Director of Physician Assistant Licensing 334-833- 0164

Kimie Buley, Assistant Director of Physician Assistant Licensing 334-833-0166

Once you have submitted your application, please allow 48 hours for the processing and issuance of the Temporary Emergency Anesthesiologist Assistant License.

Upon issuance of the Temporary Emergency Anesthesiologist Assistant License, you will be required to keep the license on your person while providing medical care to the citizens of Alabama.

# ALABAMA BOARD OF MEDICAL EXAMINERS

P. O. Box 946 – Montgomery, Alabama 36101  
848 Washington Avenue – 36104

## Application for Temporary Emergency Anesthesiologist Assistant License

To apply for an emergency license to practice as an Anesthesiologist Assistant in Alabama, please answer the questions below:

### Applicant Identification:

Full Legal Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Mailing Address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

Office Address: \_\_\_\_\_  
(Office Address) (City) (State) (Zip)

Practice Address: \_\_\_\_\_  
(Practice Address) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Gender: Male  Female   
(mm/dd/yyyy)

Office telephone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Email address delegated by applicant to receive correspondence: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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### **Education**

Anesthesiologist Assistant Training Program: \_\_\_\_\_  
Full Name of Program (no abbreviations or acronyms)

(Training program must be accredited by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs, or their successor agency)

Completion date: \_\_\_\_\_  
(mm/dd/yyyy)

(Anesthesiologist Assistants must have successfully completed the Certifying Examination for Anesthesiologist Assistants as administered by the National Commission for Certification of Anesthesiologist Assistants)

Date CEAA taken: \_\_\_\_\_

Date of original certification with NCCAA: \_\_\_\_\_

NCCAA ID Number: \_\_\_\_\_

Anesthesiologist Assistants must possess a full and unrestricted Anesthesiologist Assistant license issued by a state, the District of Columbia, a territory of the United States, or a province of Canada.

If licensed in multiple states, only use one.

License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
(mm/dd/yyyy)

Date of Original Licensure: \_\_\_\_\_(not renewal)  
(mm/dd/yyyy)

Licensing State/District/Territory/Province: \_\_\_\_\_

**Affirmations:**

I. I hereby swear (affirm) that I currently possess a full and unrestricted license to practice as an anesthesiologist assistant that has been issued by the medical licensing authority of a state, the District of Columbia, a territory of the United States, or a province of Canada.

\_\_\_\_\_  
Initial

II. I hereby swear (affirm) that I have never been convicted, received adjudication, community supervision, or deferred disposition of any felony offense or any crime related to fraud, violence, sexual violations, or related to the practice of medicine

\_\_\_\_\_  
Initial

III. I hereby swear (affirm) that my license to practice as an anesthesiologist assistant has never been subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the non-payment of fees related to a license.

\_\_\_\_\_  
Initial

IV. I hereby swear (affirm) that my controlled substance license or permit has never been suspended or revoked by a state, the District of Columbia, a territory of the United States, a province of Canada, or the United States Drug Enforcement Administration.

\_\_\_\_\_  
Initial

V. I hereby swear (affirm) that I am not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

\_\_\_\_\_  
Initial

VI. I hereby swear (affirm) that I intend to practice medicine to provide health care to citizens of Alabama suffering from and affected by the 2019 novel coronavirus known as COVID-19.

\_\_\_\_\_  
Initial

VII. I hereby swear (affirm) that I am either (1) a United States citizen; (2) a national of the United States; or (3) an alien lawfully present in the United States.

\_\_\_\_\_  
Initial

**Temporary Emergency Registration to a Supervising Physician**

There shall be no independent, unsupervised practice by Anesthesiologist Assistants. All Anesthesiologist Assistants who are issued an emergency license under Rule 540-X-7-.69 must be registered and supervised by a physician who holds an active, unrestricted Alabama medical license.

Anesthesiologist Assistants who apply for an emergency license shall identify a supervising physician, if known, simultaneously with the submission of the application. If you do not have a supervising physician upon the date of submission of this application, you have fourteen (14) days from the date of issuance to identify a supervising physician.

Supervising Physician Identification

Full Legal Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Alabama License Number: \_\_\_\_\_

I swear (affirm) that the information set forth in this application for an emergency Anesthesiologist Assistant license is true and correct to the best of my knowledge, information and belief.

Signature of Anesthesiologist Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

(For electronic signature) 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 State Board of Medical Examiners is a violation of Ala. Admin. Code § 540-X-7-.45(8).**