

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

INSTRUCTIONS FOR THE ALABAMA TEMPORARY EMERGENCY PHYSICIAN ASSISTANT LICENSE, TEMPORAY EMERGENCY REGSITRATION AND SUPERVISION, AND RESTRICTED QUALIFIED ALABAMA CONTROLLED SUBSTANCE CERTIFICATE

Applicants wishing to provide medical care to patients of Alabama suffering from and affected by the Severe Adult Respiratory Syndrome- Coronavirus-2 (SARS-CoV-2) and the disease known as COVID-19 that meet certain criteria may apply for a Temporary Emergency Physician Assistant License. **A Temporary Emergency Physician 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

TEMPORARY EMERGENCY REGISTRATION AND SUPERVISION

There shall be no independent, unsupervised practice by physician assistants. All physician assistants who are issued an emergency license under Rule 540-X-7-.69 must be registered and supervised by a physician.

Physician assistants who apply for an emergency license shall identify a supervising physician, if known, simultaneously with the submission of the application. A physician 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 Physician 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

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

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

Once you've submitted your application, please allow 48 hours for the processing and issuance of the Temporary Emergency Physician Assistant License and Restricted Qualified Alabama Controlled Substance Certificate.

If you have a current DEA registration in any jurisdiction, upon issuance of the Temporary Emergency Physician Assistant License, you will receive a Restricted Qualified Alabama Controlled Substance Certificate for the sole purpose of treating patients suffering from and affected by the 2019 novel coronavirus known as COVID-19.

The Alabama Controlled Substance Certificate will specifically prohibit the prescribing of controlled substances via telemedicine.



ALABAMA BOARD OF MEDICAL EXAMINERS

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



Application for Temporary Emergency Physician Assistant License and Temporary Emergency Restricted Qualified Alabama Controlled Substance Certificate

To apply for an emergency license to practice as a Physician 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: _____
###-##-####

Education

Physician Assistant Training Program: _____
Full Name of Program (no abbreviations or acronyms)
(Training program must be accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor agency)

Completion date: _____
(mm/dd/yyyy)

(Physician Assistants must have successfully completed the Physician Assistant National Certification Examination as administered by the National Commission on Certification of Physician Assistants)

Date PANCE taken: _____

Date of original certification with NCCPA: _____

NCCPA ID Number: _____

Physician Assistants must possess a full and unrestricted Physician 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: _____

DEA # : _____ DEA Expiration Date : _____

Affirmations:

I. I hereby swear (affirm) that I currently possess a full and unrestricted license to practice as a physician 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 physician assistant license 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 Physician Assistants. All Physician 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.

Physician 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 Physician Assistant license is true and correct to the best of my knowledge, information and belief.

Signature of Physician 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. Code § 34-24-302(a)(8).