

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

To obtain a Qualified Alabama Controlled Substances Certificate (QACSC), a Certified Registered Nurse Practitioner/Certified Nurse Midwife (CRNP/CNM) must have completed **12 months of active, clinical employment in a Collaborative Agreement (with final approval) in the State of Alabama.**

**AN APPLICATION FOR THE QUALIFIED ALABAMA CONTROLLED SUBSTANCE CERTIFICATE SHOULD INCLUDE:**

- \_\_\_\_\_ (1) Application form (Note: a separate QACSC is required for each **Collaborative Agreement and is exclusive to that Collaborative** Agreement).  
Initial application: \$110.00  
Subsequent applications: \$60.00
  
- \_\_\_\_\_ (2) QACSC covering physician agreement (**Note:** Covering physicians being added for the QACSC **must** first be on the Collaborative Agreement. Only physicians who have signed the covering agreement will be able to provide medical oversight for the prescribing under this QACSC).
  
- \_\_\_\_\_ (3) Documentation of successful completion of the twelve (12) hour AMA PRA Category 1 course offered by the Medical Association State of Alabama: *“Prescribing and Pharmacology of Controlled Drugs: Prescribing Issues Related to America’s Opioid Crisis”*, a Board approved course that includes advanced pharmacology and prescribing trends relating to controlled substances. Must apply within one (1) year of taking the course.

**Note: Termination of a Collaborative Agreement automatically terminates any QACSC which is under that Collaborative Agreement.**

\*\*Applicants should thoroughly review Board Rules, Chapter 540-X-18, for the Qualified Alabama Controlled Substances Certificate (QACSC) for CRNP/CNM, which may be accessed at [www.albme.org/Documents/Rules/540-X-18.pdf](http://www.albme.org/Documents/Rules/540-X-18.pdf)

### **QACSC License Renewal is an Annual Renewal Requirement**

QACSC renewal notifications are mailed early in the month of October each year to the CRNP/CNM’s mailing address of record. It is the CRNP/CNM’s responsibility to provide the Board a current address. QACSC licenses not renewed are **automatically** placed in inactive status on January 1 of each year. Without a current and active Collaborative Practice, a QACSC is not valid.

A four (4) hour Board approved pharmacology course is required for renewal every two (2) years.

ADDITIONAL  
QUALIFIED  
CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE  
FOR CERTIFIED REGISTERED NURSE PRACTITIONERS  
AND CERTIFIED NURSE MIDWIVES

Return Completed Application To:  
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Mailing Address: P.O. Box 946  
Montgomery, AL 36101  
Physical Address: 848 Washington Ave.  
Montgomery, AL 36104

(334) 242-4116

**WARNING: SECTION 20-2-64, 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.

Name in full: \_\_\_\_\_  
First Middle Last

SSN: \_\_\_\_\_ Present or Previous Alabama QACSC#: \_\_\_\_\_

AL RN License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Certification Expiration Date: \_\_\_\_\_ Certification Type: \_\_\_\_\_

CRNP/CNM Home address: \_\_\_\_\_  
Street City State Zip County

CRNP/CNM Practice address: \_\_\_\_\_  
Street City State Zip County

Home Email Address: \_\_\_\_\_ Practice Email Address: \_\_\_\_\_

Which address do they designate as Mailing? \_\_\_\_\_ Which address do they designate as public? \_\_\_\_\_

Collaborating Physician Name \_\_\_\_\_

Collaborating Physician Phone Number \_\_\_\_\_ Collaborating Physician Email \_\_\_\_\_

Collaborating Physician Specialty \_\_\_\_\_ Collaborating Physician AL 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? . . . . . ( ) Yes ( ) No
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance? . . . ( ) Yes ( ) No
- C. Has any previous or current Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation? . . . . . ( ) Yes ( ) No
- D. Have 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? . . . . ( ) Yes ( ) No
- 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. This course must have been completed in the preceding 12 months for initial QACSC applicants.). . . . . ( ) Yes ( ) No

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 course (if applicable):

Name of course \_\_\_\_\_

Date \_\_\_\_\_ AMA PRA Category 1 hours obtained \_\_\_\_\_

Additional prescribing course (if applicable):

Name of course \_\_\_\_\_

Date \_\_\_\_\_ AMA PRA Category 1 hours obtained \_\_\_\_\_

Please attached copy of course documentation

F. Has disciplinary action been taken or is 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? . . . . . ( ) Yes ( ) No

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 the voluntary health 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). . . . . ( ) Yes ( ) No

**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), an advocacy organization dedicated to improving the health and wellness of nursing professionals in a confidential manner. The failure to adequately address a health condition, where the registrant 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.

\_\_\_\_\_ Please initial certifying that you understand and acknowledge your duty as a licensee 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 last two years.

**NOTICE:** To lawfully administer, dispense 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.

**FEE FOR ADDITIONAL CERTIFICATE IS \$60.00. ENCLOSE YOUR CHECK WITH APPLICATION**

I attest 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.

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 registration has furnished false or fraudulent material or information in any application.

Date \_\_\_\_\_ Signature of CRNP/CNM \_\_\_\_\_

Date \_\_\_\_\_ Signature of Collaborating Physician \_\_\_\_\_

CRNP/CNP Telephone Number: \_\_\_\_\_

**APPROVED FORMULARY for QUALIFIED ALABAMA CONTROLLED  
SUBSTANCES CERTIFICATE for CERTIFIED REGISTERED NURSE  
PRACTITIONER or CERTIFIED NURSE MIDWIFE  
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 Certified Registered Nurse Practitioner or a Certified Nurse Midwife 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, state restrictions below.

- 1. Schedule III\* \_\_\_\_\_
- 2. Schedule IV\* \_\_\_\_\_
- 3. Schedule V \_\_\_\_\_

4. Provide a written plan for review of the Certified Registered Nurse Practitioners or Certified Nurse Midwife’s controlled substance prescribing and patient outcomes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CRNP / CNM Signature

\_\_\_\_\_  
Date

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

To: Alabama Board of Medical Examiners

### QACSC Covering Physician Agreement

As a covering (back-up) 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 Substances Certificate concerning CP# \_\_\_\_\_ and with all protocols and medical regimens relating to a QACSC which have been adopted by the Board of Medical Examiners.
- (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.

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Relationship with primary Collaborating Physician: (check one below)

Partnership \_\_\_\_\_ Professional group \_\_\_\_\_ Medical Professional Corporation \_\_\_\_\_

Physician Practice Foundation \_\_\_\_\_ Physician sharing call \_\_\_\_\_

Medical Specialty of Collaborating Physician \_\_\_\_\_

Medical Specialty of Covering Physician \_\_\_\_\_

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Lic #

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date