

ALABAMA BOARD OF MEDICAL EXAMINERS

848 Washington Avenue / Montgomery, AL 36104 / (334) 242-4116

EMERGENCY APPLICATION FOR REGISTRATION OF PHYSICIAN ASSISTANT

PHYSICIAN TO COMPLETE:

Supervising Physician Name in Full _____	
AL Medical License Number _____	
Medical Specialty _____	Board Certified: YES ___ NO ___ Board Eligible: YES ___ NO ___
Principal Practice Location Address _____	
County of Principal Practice Location _____	
Telephone Number: (_____) _____	FAX Number (_____) _____

PHYSICIAN ASSISTANT TO COMPLETE:

Physician Assistant Name in Full _____	
AL P. A. License Number _____	<i>Place a "N/A" if you <u>do not</u> have an Alabama license.</i>

- List each practice site where this Job Description will be utilized. Must include name, address and phone number of each site:

Practice Location: _____

Address: _____

Phone: _____

- Physician Assistants practicing within a licensed healthcare facility, shall be authorized to perform all skills and prescribe all drugs listed in the licensed health care facility's protocols and formulary as may be necessary to provide health care to patients.

Is the P.A. practicing within a licensed healthcare facility? Yes _____ No _____

If no, this registration agreement shall be limited to the applicable standard protocol and formulary approved by the Alabama Board of Medical Examiners.

If a Physician Assistant has been previously approved for additional skills or drugs, he/she shall retain those authorizations.

- Will this P. A. be authorized to have prescriptive privileges to prescribe controlled substances as allowed under Alabama Code Section 20-2-60, et. seq.?

Yes No

If yes, the P.A. must have an active Qualified Alabama Controlled Substance Certificate and an active DEA Registration.

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Physician Assistant Job Description is correct to the best of our knowledge and belief. We certify that we have reviewed the current rules of the Alabama Board of Medical Examiners pertaining to assistants to physicians and understand our responsibilities. We understand that we are equally responsible for the actions of the Assistant to the Physician.

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 Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

_____	_____	_____
Print Name	Signature of Primary Supervising Physician	Date
_____	_____	_____
Print Name	Signature of Assistant to Physician	Date

This form must be printed, signed, and emailed/faxed/mailed to PAAADept@albme.org. Acknowledgment of receipt and approval letter will be provided via return email.

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