



# ALABAMA State Board of Medical Examiners Medical Licensure Commission

## Newsletter and Report

www.albme.org

October 2015

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## *A Message from the Executive Director* **Arrest, Search and Seizure in Mobile**

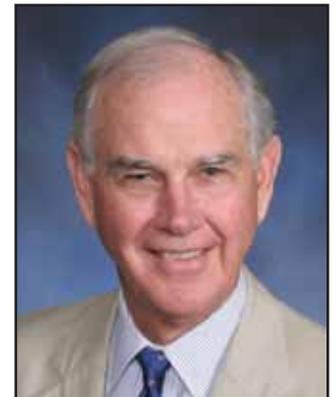
Without a doubt, most physicians in the state of Alabama are aware that on the 20th of May, the FBI and the DEA served a Search and Seizure Order on a major interventional pain management practice in Mobile. Two of the three physicians had been indicted by a federal grand jury and were arrested. Neither the FBI nor the DEA had notified the Board of Medical Examiners that this was in the works; therefore, BME and its staff were caught completely unaware as were the other physicians in the Mobile area.

Following the arrests, seizure of medical records and the closing of the clinics, the physicians in a five-county area were inundated by patients seeking medical care. Hundreds of these patients were currently using pain pumps. The remainder were receiving either injections or controlled substances via prescription. When these patients began calling the BME seeking help, the Board staff, led by Senior Investigator Ed Munson, started trying to help these patients find new physicians. Because the FBI had seized all patient medical records, it proved extremely difficult for physicians to treat these patients. Mr. Munson contacted the Assistant U.S. Attorney, Mobile District, who was handling the matter, and within 24 hours the FBI had released those records to the practice sites.

The partner who had not been indicted or arrested began to oversee patient record distributions with records either being sent to a physician of the patient's choice or being given directly to the patients. As physicians in the Mobile area began calling the Board for advice on handling patients who require massive doses of controlled substances, or present with empty pain pumps, Mr. Munson worked to find physicians who would agree to accept these patients.



At that time, the BME instructed me to send a letter to every physician in the five-county area – more than seventeen hundred physicians – informing them the Board was acutely aware of the issues associated with pain management patients needing immediate care, and assured them that if they chose to accept these patients, the Board would not be looking over their shoulder or causing problems for them. The only



Larry Dixon

*see Medical records, page 3*

## 2016 License and Registration Renewals

- ▶ All licenses and registrations (excluding P.A. registration agreements) are renewed annually.
- ▶ Orange reminder postcards are sent to all licensees' addresses on record in October.
- ▶ Online renewal will use last name and last four digits of SSN. **Note:** You do not have to have received a postcard to renew.
- ▶ Online renewal site will open October 1, 2015.
- ▶ Online renewal site: [www.alrenewals.org](http://www.alrenewals.org).
- ▶ **IMPORTANT: Practitioners are required to complete renewal applications and are responsible for any incorrect information submitted on their behalf.**
- ▶ Renew license first. If you have an ACSC, pain management registration and/or collaborative practice agreement, you will be prompted to renew them. Credit card payments are made separately for each licensure/registration renewal. A receipt can be printed upon completion of each transaction.
  - ▷ **M.D./D.O. Licenses**
    - Expire Dec. 31
    - \$300 license renewal fee
    - Grace period Jan. 1 – Jan. 31 (\$400 fee during this period)
  - ▷ **ACSC Registrations\***
    - Expire Dec. 31\*\*
    - \$150 renewal fee
    - **NO grace period**

*\* Before renewing an ACSC, the applicant must have a current registration to access the Prescription Drug Monitoring Program (PDMP) established and maintained by the Alabama Department of Public Health, and must have a current and appropriate registration issued by the DEA.*

*\*\* Writing any prescriptions for controlled substances without a current ACSC is a violation of Board rules and state law and will be investigated. The Board is authorized to fine up to \$10,000 per violation.*
  - ▷ **Collaborative Practice (CP) Registrations**
    - Expire Dec. 31
    - \$100 renewal fee
    - If you are prompted to renew a CP Registration and you do not think you have a CP, contact the CP Consultant's office. If our records indicate a CP and it is not renewed or formally terminated by Dec. 31, it will be reported to the Board. You can terminate a CP registration at [www.albme.org/terminationform.html](http://www.albme.org/terminationform.html).
    - **NO grace period**

### CME Requirement for Physicians and Physician Assistants

Twenty-five (25) *AMA PRA Category 1 Credits*<sup>™</sup> or equivalent annually (calendar year). Credits must be earned and obtained Jan. 1 – Dec. 31 of each year. Licensees are responsible for reading and being familiar with Board Rules Concerning CME at [www.alabamaadministrativecode.state.al.us/docs/mexam/540-X-14.pdf](http://www.alabamaadministrativecode.state.al.us/docs/mexam/540-X-14.pdf).

- If you have questions regarding CP registration contact:
  - Linda Stripling, CP Administrative Assistant at (334) 833-0199 or [lstripling@albme.org](mailto:lstripling@albme.org)
  - Pat Ward, Nurse Consultant at (334) 833-0186 or [pward@albme.org](mailto:pward@albme.org)
  - Amy Wybenga, Nurse Consultant at (334) 956-0307 or [awybenga@albme.org](mailto:awybenga@albme.org)
- ▷ **Pain Management (PM) Registrations**
  - Expire Dec. 31
  - \$100 first location
  - No fee for additional locations
  - **NO grace period**

### P.A. Renewals

Renew license first. If you have a QACSC and/or an LPSP, you will be prompted to renew them. The QACSC must be renewed **before** the LPSP can be renewed. Credit card payments are made separately for each license/registration type. A receipt can be printed upon completion of each transaction.

- ▷ **P.A. /A.A. Licenses**
  - Expire Dec. 31
  - \$100 renewal fee
  - **NO grace period**

**Note:** P.A. Registration Agreements do not have to be renewed.
- ▷ **P.A. QACSC\***
  - Expires Dec. 31\*\*
  - \$60 renewal fee
  - **NO grace period.**
- ▷ **P.A. LPSP\***
  - Expires Dec. 31\*\*
  - \$10 renewal fee
  - **NO grace period**

*see Renewals, page 3*

## Medical records, cont.

request made by the Board was that the patients be evaluated to determine the legitimate need for the amount of medication they were receiving, and if necessary, adjust the medications accordingly. Interventional pain physicians in the area began taking in the majority of the pain pump patients and were willing to allow the Board to refer pain pump patients to them. The Board, through its letter, sought to reassure the physicians taking these patients that the Board realized the need for legitimate pain medicine.

There are more issues than I can address regarding this matter, but the Board of Medical Examiners wants the physicians in the Mobile and adjoining counties to know their willingness to assist these patients was, and is, greatly appreciated. I would like to acknowledge the physicians by name who stepped up and allowed the Board to refer patients to them; however, I do not believe it would be appropriate. They know who they are and their patients are extremely grateful to them.

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***An inquiring, analytical mind; an unquenchable thirst for new knowledge; and a heartfelt compassion for the ailing – these are prominent traits among the committed clinicians who have preserved the passion for medicine.***

***– Lois DeBakey, Ph.D.***

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## Renewals, cont.

*\* Before renewing a QACSC, the applicant must have a current registration to access the Prescription Drug Monitoring Program (PDMP) established and maintained by the Alabama Department of Public Health, and must have a current and appropriate registration issued by the DEA.*

*\*\* Writing any prescriptions for controlled substances without a current QACSC is a violation of Board rules and state law and will be investigated.*

### CRNP/CNM QACSC/LPSP Renewals

The QACSC must be renewed **before** the LPSP can be renewed. Credit card payments are made separately for each license/registration type. A receipt can be printed upon completion of each transaction.

#### ▷ QACSC\*

- Expires Dec. 31\*\*
- \$60 renewal fee
- **NO grace period**

#### ▷ LPSP\*

- Expires Dec. 31\*\*
- \$10 renewal fee
- **NO grace period**

*\* Before renewing a QACSC/LPSP, the applicant must have a current registration to access the Prescription Drug Monitoring Program (PDMP) established and maintained by the Alabama Department of Public Health, and must have a current and appropriate registration issued by the DEA.*

*\*\* If the collaborating physician has not renewed his/her medical license and ACSC and collaborative agreement by Dec. 31, 2015, the QACSC/LPSP will become inactive and no refund will be given. Collaborating physicians can renew online at [www.alrenewals.org](http://www.alrenewals.org).*

**Important:** *Before renewing a QACSC/LPSP, the applicant must have completed the four-hour Pharmacology course (4 AMA PRA Category 1 Credits™) if it has been two years since the initial 12-hour Prescribing and Pharmacology course was taken.*

## Notice to Limited License and Retired Senior Volunteer License Holders

Ala. Code §§ 34-24-75 and 34-24-75.1 require that a physician holding a Limited License or a Retired Senior Volunteer (RSV) license must annually complete renewal applications for both the Certificate of Qualification (COQ) **and** license.

A Limited or RSV COQ renewal application must be submitted to the BME before a Limited or RSV license renewal application is submitted to the Medical Licensure Commission. To obtain the COQ renewal application, please contact the Dean, Program Director or Chief Medical Officer of the program or facility where you are a participant.

The COQ renewal application must be submitted before November 23, 2015, in order to be eligible for license renewal. If the COQ is not renewed by this date, the licensee will be required to start the application process from the beginning and obtain a new license.

## Professionalism in the Practice of Medicine

by Craig H. Christopher, MD, Member,  
Medical Licensure Commission  
Reprinted from Alabama BME/MLC Newsletter  
and Report, Issue 1, 2006

The Alabama Board of Medical Examiners and Medical Licensure Commission of Alabama are designated by state law to regulate the practice of medicine in Alabama and to protect the health and safety of Alabama's citizens by upholding standards of professionalism in the practice of medicine.

### What is professionalism and why must physicians aspire to high standards of practice?

Professionalism can be defined as the continued pursuit of excellence in a body of knowledge through education and practice, with a duty and responsibility to serve individuals and society.

The traditional professions are medicine, law and the clergy. The qualities that allow the medical profession to have a special covenant with the public are many, but two are especially important: Altruism and Self-governance.

**Altruism** is the placement of the welfare of others above one's self-interest. In medicine the moral understanding is that the course of treatment shall be in the best interest of the patient, rather than the financial or personal interest of the physician, and dates historically to Hippocrates and Plato.

**Self-governance** suggests accountability for the conduct of one's peers. If a profession does not govern its own standards, it risks surrendering this function to outside control.

### What happens when the values of altruism and self-governance are not upheld?

Recently, the Catholic Church

suffered the loss of public trust because of its lack of accountability and governance over priests accused of molesting young parishioners. The lack of altruistic principles in the practice of law by some attorneys leaves that profession at the bottom of the list of the most admired professions and frequently causes the adjective 'greedy' to be affixed before their names.

It is instructive to look at what constitutes 'unprofessional' behavior to better understand the meaning of 'professional' behavior. The Board of Medical Examiners has seen the following acts of unprofessional conduct, many resulting in disciplinary actions:

#### GREED

Medicine is both a business and a profession, but money should never be the focus or guiding force in a physician's practice.

- Performing tests or procedures that have no medical indication
- Billing fraud: for example, charging excessive fees or filing fraudulent claims
- Unethical referral arrangements

#### IMPAIRMENT

The physician is unable to give proper care because of an altered mental or physical condition.

- Dependence on or abuse of drugs or alcohol with refusal to submit to evaluation or treatment as needed
- Relapse of drug or alcohol use, especially when actively practicing medicine (Level III relapse)
- Having untreated mental or physical conditions, which affect one's ability to practice medicine

#### DISRUPTIVE OR INAPPROPRIATE BEHAVIOR

This includes arrogant or

### Common Acts of Unprofessional Conduct:

- Greed
- Impairment
- Disruptive or Inappropriate Behavior
- Abuse of Power
- Misrepresentation
- Lack of Quality of Care or Conscientious Care

narcissistic actions by the physician that interfere with the delivery of proper health care.

- Demeaning comments to patients, colleagues or healthcare workers
- Loud, arrogant or abusive behavior in the practice of medicine
- Overconfidence in one's ability to treat complex medical problems without benefit of assistance or consultation

#### ABUSE OF POWER

There is an inherent trust in the doctor-patient relationship. Examples of violation of this trust include:

- Breach of confidentiality
- Proselytizing an unsolicited point of view unrelated to the practice of medicine
- Sexual or romantic relationships with patients

#### MISREPRESENTATION

This is knowingly telling an untruth (lying) or misrepresenting the facts with the intent to mislead (fraud).

- Not filling out licensing application truthfully

*see Professionalism, page 5*

## Tribute to William Jefferson Terry, MD

August 3, 1953 - August 7, 2015



Dr. Jeff Terry of Mobile succumbed to bacterial meningitis on August 7th, 2015, after a brief fight with this terrible illness. He is survived by his wife of 39 years, Elizabeth Terry, and three sons William, Gordon and Miller. He was preceded in death by his parents and an infant daughter, Joy Terry.

Dr. Terry was a respected and nationally-known physician who practiced with Urology and Oncology Specialists, PC. He was a loving husband, father, grandfather, son, brother, friend and healing physician to many. He was devoted to his pediatric patients, and was the first pediatric urologist in the state of Alabama, and the only physician in the Mobile area who was able to perform certain pediatric procedures.

His passion for medicine led him to serve in numerous leadership positions at the state, regional and national level. He was President of the Medical Association of the State of Alabama, a member of the State Board of Medical Examiners and held numerous positions with the American

Medical Association.

Dr. Terry was honored by the University of Alabama Medical Alumni Association with the 2007 Garber Galbraith Medical Political Science Award for outstanding service to the medical profession and the 2010 Distinguished Service Award. In 2009 he was the recipient of the John McGehee Excellence as a Teacher Award from the University of South Alabama Department of Internal Medicine in the College of Medicine; and in April of this year, the Medical Association of the State of Alabama honored him with Paul W. Burlson Award in recognition of a medical career that encompasses not only high ethical and professional standards in patient care, but also extraordinary service to physician organizations at the county, state and national levels.

Approximately 1,000 friends and family from across the country gathered at Dauphin Way United Methodist Church to mourn the death and celebrate the life of Dr. Terry. Among the remarks made about his remarkable life were, "We have lost a dear friend and colleague. His voice has been silenced, but the echoes will continue." "Jeff Terry lived a servant's life as a practicing physician. His caring reached far beyond the walls of his own medical practice, even making frequent trips to Washington, DC, to make his case to those who could bring about regulatory and

*see Tribute, page 6*

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### Professionalism, cont.

- Misrepresenting educational history or qualifications
- Altering charts
- Untruthful statements concerning results of proposed treatment
- False advertising

### LACK OF QUALITY OF CARE OR CONSCIENTIOUS CARE

The majority of patient complaints to the Board result from the perceived lack of appropriate or compassionate care, frequently occurring when the physician does not satisfy his/her responsibility to the patient.

- Gross incompetence occurs, but is uncommon
- Failure to keep up with medical advances
- Poor charting or lack of

- documentation of care
- Not discussing fully the physician's diagnosis and plan of care for the patient with the patient and family, or not returning phone calls in a timely manner
- Failure to request an appropriate consultation; failure to accept a patient's request for a second opinion
- Failure to treat or diagnose
- Abandoning patients

### In Summary

A physician's obligation as a professional is best expressed by Policy Perspectives, JAMA, May 17, 1995, entitled "Patient-Physician Covenant": "Medicine is, at its center, a moral enterprise grounded in a covenant of trust. This covenant

obliges physicians to be competent and to use their competence in the patient's best interests. Physicians, therefore, are both intellectually and morally obliged to act as advocates for the sick wherever their welfare is threatened and for their health at all times..."

The Board of Medical Examiners will continue to investigate objectively and thoroughly all complaints against physicians in order to preserve the public's trust and insure their safety.

*[The author gives credit to the Oregon Board of Medical Examiners' Spring/Summer 2005 edition of their B.M.E. Report for examining this subject in great detail.]*

## PA Corner

### FTE Increase

Effective August 6, 2015, the total Full Time Equivalent hours that a physician can supervise increased from 120 to 160 hours. There was also the implementation of a 45-day transitional period temporarily increasing the total weekly hours that a physician may supervise to allow for orientation of an incoming Physician Assistant.

Rule 540-X-7-26 (2) states the cumulative work time for all physician assistants being supervised by an individual primary supervising physician shall not exceed one hundred and sixty (160) hours per week. The cumulative work time also includes all CRNPs/CNMs with whom the physician collaborates.

Rule 540-X-7-26 (4) states the following: A physician in a registration agreement/collaboration with a Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife totaling one hundred and sixty (160) hours per week (four[4] full-time equivalents [FTEs]) may request a transitional allowance increasing the total weekly hours for the purpose of orientation of the incoming Physician Assistant. The transitional allowance shall not exceed forty-five (45) days. The physician shall request the transitional allowance in writing and specify the starting date for this FTE allowance.

### Renewals Begin October 1st

Beginning October 1, 2015, Physician Assistants will have the ability to renew their P.A. licenses, Qualified Alabama Controlled Substance Certificates (QACSC) and Limited Purpose Schedule II Permits (LPSP) on our renewal website [www.alrenewals.org](http://www.alrenewals.org). There are a few key points to remember:

1. If in 2015 you held a P.A. license, a QACSC and/or an LPSP, you have until December 31, 2015, to renew them.
2. You are encouraged to complete your own renewal application(s). The questions on the renewal

application(s) are specific to you, and **their accurate completion is your responsibility.**

3. Every physician assistant licensed by the Board must earn in each calendar year not less than twenty-five (25) *AMA PRA Category 1 Credits*<sup>TM</sup> or the equivalent in order to renew his or her license, unless he or she is exempt from the minimum continuing medical education requirement. Please see Rule 540-X-7-.29 for additional information regarding continuing medical education for Physician Assistants. Please note that Physician Assistants receiving their initial licenses in 2015 are exempt from the minimum continuing medical education requirement for 2015, but will be subject to the requirement for every future renewal.
4. In order to renew a QACSC, you must first have a current DEA certificate and a current registration to access the Prescription Drug Monitoring Program (PDMP) database established and maintained by the Alabama Department of Public Health.
5. QACSC renewal requires that you certify that you have obtained four Board-approved CME credits regarding the prescribing of controlled substances within the past two years. Please see Rule 540-X-12-.05: As a requirement for renewing a QACSC, a P.A. shall obtain, every two years, four (4) *AMA PRA Category 1 Credits*<sup>TM</sup> or the equivalent through a Board-approved course or courses regarding the prescribing of controlled substances.” Before renewing your QACSC, make certain you have completed the required CME if it has been two years since you took the initial 12-hour Prescribing and Pharmacology course.

If you have questions regarding the FTE rule change, renewal of your Physician Assistant license, QACSC and/or LPSP, contact Deana Bozeman, Physician Extender Services, at (334) 833-0166 or [dbozeman@albme.org](mailto:dbozeman@albme.org).

## Tribute, cont.

legislative change.” “I had no clue of the richness of his personality and devotion to family, profession, church and community. It was the most impressive funeral ceremony I have ever been to. There was nothing staged or false – it was a spontaneous expression of love and affection for a special human being ...” “...the list of achievements and praise for Jeff’s values and dedication to everything his life

touched dominated the day. It really was overwhelming to digest.”

What would Dr. Terry want us to do to honor his memory? “Make straight your paths.” “Pick up my torch and be a physician priest.”

## Report of Public Actions of the Medical Licensure Commission and Board of Medical Examiners

### BME – June 2015

◆ On June 19, **Kenneth E. Roberts, MD**, lic. no. MD.9562, Ozark, AL, voluntarily surrendered his Alabama Controlled Substances Certificate.

### MLC – July 2015

◆ On July 23, the Commission reinstated the license to practice medicine in Alabama of **Diana K. McCutcheon, MD**, lic. no. MD.19246, Florence, AL.

◆ On July 31, the Commission entered an Order suspending the license to practice medicine in Alabama of **Russell Wayne Stevens, MD**, lic. no. MD.26655, Fairhope, AL.

◆ On July 31, the Commission entered an Order reprimanding the license to practice medicine in Alabama of **Teki S. Hegwood, MD**, lic. no. MD.31062, Dothan, AL.

### BME – July 2015

◆ On July 2, the Board issued an Order reinstating the Alabama Controlled Substances Certificate of **Morris W. Cochran, MD**, lic. no. MD.14439, Birmingham, AL.

◆ On July 15, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Wyndol Span Hamer, Jr., MD**, lic. no. MD.9756, Anniston, AL.

◆ On July 29, the Board entered an Order removing the restrictions previously placed on the license to practice as a physician assistant in Alabama of **Chad J. Gilliam, PA**, lic. no. PA.670, Madison, AL.

◆ On July 30, the Board entered a Consent Order restricting the Alabama Controlled

Substances Certificate of **Thomas G. Shafer, MD**, lic. no. MD.13585, Mountain Brook, AL.

### BME – August 2015

◆ On Aug. 19, **Xiulu Ruan, MD**, lic. no. MD.25262, Mobile, AL, voluntarily surrendered his Alabama Controlled Substances Certificate.

### Actions for CME (reprimand, fine, additional CME required):

- **Debra Ann Hebert, DO**, lic. no. DO.1013, Foley, AL

### Actions on ACSC for not being registered for PDMP (administrative fine):

- **Russell S. Ronson, MD**, lic. no. MD25385, Birmingham, AL
- **Keith Patrick Young, MD**, lic. no. MD.12784, Huntsville, AL

## Reminders

### ATTENTION: DISPENSING PHYSICIANS

When you discontinue dispensing\* controlled substances from an office or add a new dispensing site, you must inform the Board you are no longer dispensing; or complete a new Dispensing Physician Registration form if you add sites.

Dispensing physician requirements and registration form: [www.albme.org](http://www.albme.org).

*\*Dispensing means ordering and then providing to the patient controlled substances for consumption off premises; this does not include written prescriptions, samples or starter packs.*

### ATTENTION: LAWFUL ALIENS/FOREIGN NATIONAL LICENSEES

All lawful aliens/foreign national licensees practicing in this state are required to submit yearly a Declaration of Lawful Presence form with proof of legal presence as a non-permanent alien. This information must be received and processed through SAVE in order to renew licenses for 2016. The Board's online renewal program will not allow any license to be renewed until legal presence documentation has been received and approved by SAVE. Likewise, manual renewals will not be processed without proper documentation.

Questions? Contact Cindy Smith at (334) 833-0168.

To download the form, go to [www.albme.org/Documents/Forms/declarationform.pdf](http://www.albme.org/Documents/Forms/declarationform.pdf).

### FDA BANS MARKETING OF TESTOSTERONE AS "ANTI-AGING" DRUG

The U.S. Food and Drug Administration (FDA) is warning about the overuse of prescription testosterone products. In a recent drug safety advisory, the agency stated:

- The FDA has become aware that testosterone is being used extensively in attempts to relieve symptoms in men who have low testosterone for no apparent reason other than aging.
- Testosterone is not approved for such use and should be prescribed only for men with low testosterone levels caused by certain medical conditions and confirmed by laboratory tests.
- Manufacturers of approved prescription testosterone products must change their labeling to clarify the approved uses and to add information about the increased risk of heart attacks and strokes in patients taking testosterone.

*Source: FDA cautions about using testosterone products for low testosterone due to aging; requires labeling change to inform of possible increased risk of heart attack and stroke with use.*



**Look inside for important news from the Board of Medical Examiners that pertains to your license to practice medicine in Alabama.**

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**Editorial Staff**

Larry Dixon                      Judy DeBray  
Deana Bozeman                Mary Leigh Meredith

## 2016 CME Courses

### Prescribing of Controlled Drugs and Pharmacology Update

March 5-6, 2016, Renaissance Montgomery Hotel & Spa

### Ensuring Quality in the Collaborative Practice and ER/LA Opioid REMS

April 15, 2016, Renaissance Montgomery Hotel & Spa

### Prescribing of Controlled Drugs and Pharmacology Update

July 1-3, 2016, SanDestin Golf & Beach Resort

### Medical Ethics, Prescribing of Controlled Drugs and Pharmacology Update

November 18-20, 2016  
Hyatt Regency Birmingham - The Wynfrey Hotel

All current licensees receive the Board of Medical Examiners *Newsletter and Report* at their address of record at no charge. Non-licensee subscriptions to the newsletter are by e-mail only.

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