

APA-1

TRANSMITTAL SHEET FOR NOTICE  
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-7-Appendix-E

Rule Title: Physician Assistant/Anesthesiologist Assistant  
License Renewal

Intended Action Amend

Would the absence of the proposed rule significantly harm or  
endanger the public health, welfare, or safety? No

Is there a reasonable relationship between the state's police  
power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available  
that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly  
increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm  
that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the  
purpose of, and so they have, as their primary effect, the  
protection of the public? Yes

Does the proposed action relate to or affect in any manner any  
litigation which the agency is a party to concerning the subject  
matter of the proposed rule? No

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be  
accompanied by a fiscal note prepared in accordance with subsection (f) of Section  
41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance  
with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it  
conforms to all applicable filing requirements of the Administrative Procedure  
Division of the Legislative Services Agency.

Signature of certifying officer

William M. Perkins  
William M Perkins

Date

Friday, November 17, 2023

REC'D & FILED  
NOV 17, 2023  
LEGISLATIVE SVC AGENCY

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-Appendix-E Physician Assistant/  
Anesthesiologist Assistant License Renewal

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

Amend form to conform with amended CME requirement in 540-X-7-.29 from 25 hours every year to 50 hours every two years; and to add questions regarding certification by the National Commission on Certification of Physician Assistants/ National Commission on Certification of Anesthesiologist Assistants. This amendment meets the "protection of public health" exemption from the moratorium on rule amendments contained in Governor Ivey's Executive Order No. 735, Reducing "Red Tape" on Citizens and Businesses.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or email (bme@albme.gov), until and including Jan. 4, 2024. Persons wishing to submit data, views, or comments in person should contact Carla Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Thursday, January 4, 2024

CONTACT PERSON AT AGENCY:

Carla Kruger

*William M. Perkins*

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William M Perkins

(Signature of officer authorized  
to promulgate and adopt  
rules or his or her deputy)

540-X-7-Appendix-E

Physician Assistant/Anesthesiologist  
Assistant License Renewal.

ALABAMA BOARD OF MEDICAL EXAMINERS

APPENDIX E

**PHYSICIAN ASSISTANT/ANESTHESIOLOGIST ASSISTANT LICENSE RENEWAL**

**20XX Physician Assistant/Anesthesiologist Assistant License Renewal  
Deadline: December 31, 20XX**

Failure to apply for license renewal and pay renewal fee will result in the license automatically being placed in an inactive status, making it illegal for the holder to practice as a Physician Assistant/Anesthesiologist Assistant effective January 1, 20XX.

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

CME Certification: (Select One)

I hereby certify that I have met or will meet by December 31 the ~~annual minimum continuing education requirement of 25 AMA PRA Category I Credits™ or equivalent continuing medical education for the calendar year 20XX~~minimum continuing education requirement of 50 AMA PRA Category I Credits™ or equivalent continuing medical education earned within the immediately preceding two calendar years and have or will have supporting documentation if audited.

I hereby certify that I am exempt from the minimum continuing medical education requirement for the following reason (Select One)

I received my initial license to practice in Alabama in the calendar year 20XX.

I am exempt from the CME requirement for the calendar year 20XX because I am a member of a branch of the armed services and I was deployed for military service in the calendar year 20XX.

I have obtained a waiver from the Board of Medical Examiners due to illness, disability or other hardship condition which existed in the calendar year 20XX.

National Commission on Certification of Physician Assistants (NCCPA):

Are you currently certified by NCCPA?

If your answer is "yes", provide your certification number and certification expiration date.

National Commission for Certification of Anesthesiologist Assistants (NCCAA):

Are you currently certified by NCCAA?

If your answer is "yes", provide your certification number and certification expiration date.

Professional Responsibility Certification

If any answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Since your last renewal, have you been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

\*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Since your last renewal, have you been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Since your last renewal, have you had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. Since your last renewal, to your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Since your last renewal, have you had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Since your last renewal, have you been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?

7. Since your last renewal, has your certification or license to practice as an assistant to physicians in any state or jurisdiction been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Since your last renewal, have your privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application and since your last renewal, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Within the past two years, have you been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

11. Within the past two years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

12. Since your last renewal, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

13. Are you currently\* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

\*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 that the condition referred to may have an ongoing impact on one's functioning as an assistant to physicians within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), an advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice with reasonable skill

and safety to patients can result in the Board taking action against the license to practice as an assistant to physicians.

\_\_\_\_ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Practice Interruption:

14. Since your last renewal, has your professional education, training, or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

Review the following Registration Agreements (RA) (If any):

Is this Registration Agreement still Active?

How many hours per week do you work under this Registration Agreement?

Please provide a date of termination

What was the reason this Registration Agreement was terminated

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 could result in disciplinary action.

**Author:** [Alabama Board of Medical Examiners](#)

**Statutory Authority:** [Ala. Code § 34-24-299](#)

**History:** [Amended/Approved: May 17, 2017. Effective date: September 5, 2017. Amended/Approved: November 16, 2017. Effective Date: April 9, 2018. Amended/Approved October 20, 2022. Certified Rule Filed December 20, 2022. Effective Date: February 13, 2023. Amended/Approved Nov. 16, 2023.](#)

540-X-7-Appendix-E

Physician Assistant/Anesthesiologist  
Assistant License Renewal.

ALABAMA BOARD OF MEDICAL EXAMINERS

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**History:** **Amended:** Published ; effective .