

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 540
Department or Agency: Alabama Board of Medical Examiners
Rule No.: 540-X-3-Appendix-E
Rule Title: Limited Certificate Of Qualification Renewal Application
Intended Action: Repeal and Replace

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, January 17, 2025

REC'D & FILED

JAN 17, 2025

LEGISLATIVE SVC AGENCY

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3-Appendix-E Limited Certificate Of
Qualification Renewal Application

INTENDED ACTION: Repeal and Replace

SUBSTANCE OF PROPOSED ACTION:

Repeal and replace application form to modify health questions. 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 Mar. 7, 2025. 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:

Friday, March 7, 2025

CONTACT PERSON AT AGENCY:

Carla Kruger

William M. Perkins

William M Perkins

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

~~540-X-3-Appendix-E~~ ~~Limited Certificate Of Qualification
Renewal Application-~~
~~ALABAMA BOARD OF MEDICAL EXAMINERS~~
~~ADMINISTRATIVE CODE~~
~~CHAPTER 3 -- APPENDIX E~~
~~Limited Certificate of Qualification Renewal Application~~

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Limited Certificate of Qualification Renewal Application

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

If you meet the qualifications for a full medical license, you do not qualify for a limited license.

Section 34-24-75, Code of Alabama 1975, as amended, requires that all physicians holding a limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to renewal of the license. Once the application has been completed, return it to the institution for the certification of the Dean, Program Director, Chief Medical Officer, or authorized State Institution individual.

Required demographic information:

Name in Full
Alternate name(s) used
Name of Institution
Home address
Telephone number (H/C)
Email address
License Number
Date Issued

Type of Limited License: (Please Choose One):

Resident
For yes, number of years in current residency program
Fellow
For yes, number of years in current fellowship program
Specialty Professor
For yes, number of years in current teaching position
Distinguished Professor
For yes, number of years in current teaching position
Visiting Professor
For yes, number of years in current teaching position
State Institution
For yes, number of years in current position

Required program/institution information

Do you limit your practice to the confines of the program/institution?
If the answer is no, please explain.

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Since you last renewed, have you successfully passed a licensing examination? You answered yes, please choose: board certification USMLE COMLEX SPEX Other

Since you last renewed, have you successfully completed an ACGME accredited postgraduate year or fellowship? You answered yes, please choose year completed: 1 2 3

Required background information:

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

Legal:

1. Have you ever 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. Have you ever 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. Have you ever 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. 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. Have you ever 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. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

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8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
9. To your knowledge, as of the date of this application, 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. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
11. Within the past five 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. Within the past five years, 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 a physician 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 or the Medical Licensure Commission of Alabama.

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), a physician 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

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licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

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

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.

Date

Applicant's typed name

Date

Typed Name of Dean, Program Director, Chief Medical Officer, Warden, Medical Director

Name of Program or State Institution

~~**Author:** Board of Medical Examiners~~

~~**Statutory Authority:** Code of Ala. 1975, §§34-24-53.1, 34-24-70.~~

~~**History: Amended:** Filed October 21, 2010; effective November 25, 2010. **Amended:** Filed February 17, 2012; effective March 23, 2012.~~

~~**Amended:** Filed March 20, 2014; effective April 24, 2014.~~

~~**Repealed and New Rule:** Filed August 17, 2017; effective October 1, 2017. **Repealed and New Rule:** Filed February 27, 2018;~~

~~effective April 14, 2018. **Amended:** Filed February 20, 2019;~~

~~effective April 7, 2019. **Amended:** Published February 28, 2020;~~

~~effective April 13, 2020. **Repealed and New Rule:** Published~~

~~December 30, 2022; effective February 13, 2023.~~

540-X-3-Appendix-E

Limited Certificate Of Qualification
Renewal Application.

- Limited Certificate of Qualification Renewal Application
- Under Alabama law, this document is a public record and will be provided upon request.
- If you meet the qualifications for a full medical license, you do not qualify for a limited license.

Section 34-24-75, Code of Alabama 1975, as amended, requires that all physicians holding a limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to renewal of the license. Once the application has been completed, return it to the institution for the certification of the Dean, Program Director, Chief Medical Officer, or authorized State Institution individual.

Required demographic information:

Name in Full
Alternate name(s) used
Name of Institution
Home address
Telephone number (H/C)
Email address
License Number
Date Issued

Type of Limited License: (Please Choose One):
Resident
For yes, number of years in current residency program
Fellow
For yes, number of years in current fellowship program
Specialty Professor
For yes, number of years in current teaching position
Distinguished Professor
For yes, number of years in current teaching position
Visiting Professor
For yes, number of years in current teaching position
State Institution
For yes, number of years in current position

Required program/institution information

- Do you limit your practice to the confines of the program/institution?
If the answer is no, please explain.

- If applicable, list each United States Licensing Examination (USMLE) Steps you have passed and the date passed.

USMLE Step 1

USMLE Step 2

USMLE Step 3

Required background information:

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

Legal:

1. Have you ever 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 or driving under the influence (DUI)?

*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.

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7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, 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?

Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

11. Within the past five years, have you raised the issue of any physical or psychiatric health disorder 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. The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program, a physician 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 medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

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.

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