

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-B
Rule Title: Application For Licensure Of Physician Assistant
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

Monday, December 16, 2024

REC'D & FILED
DEC 16, 2024
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-B Application For Licensure Of  
Physician Assistant

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

Amend the questions regarding health and elicit information about any gaps in practice.

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 Feb. 4, 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:

Tuesday, February 4, 2025

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)

ALABAMA BOARD OF MEDICAL EXAMINERS

APPENDIX B  
APPLICATION FOR LICENSURE OF PHYSICIAN ASSISTANT

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

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)  
Alternate name(s) used  
Address (Street, City, State, Zip)  
Email address  
Place of Birth  
Date of Birth  
Social Security Number (Pursuant to Ala. Code §30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)  
Sex  
Telephone (H or C)  
Telephone (W)

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.
2. Have you ever been arrested, 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 prescription privileges for non-controlled or legend drugs by any state or federal authority?
7. Have you ever 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?
8. Has your certification or license to practice as an assistant to physicians in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
9. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, placed under conditions restricting your practice?
10. 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~~Fitness to Practice:

11. ~~Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism~~ 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?
12. Within the past five ~~ears, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition~~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 injury or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

~~13.- 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?~~

~~14. 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 month 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.~~

~~14a. IMPORTANT: 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 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 medicine where the license 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 a physician assistant.~~

~~Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated I have read and understand the statements above. [Applicant Attestation]~~

Education/Training Experience:

14. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

15. Has your medical education, training, or medical 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?

When entering attendance dates below, you may use the first date of the month instead of the exact date. . (Ex: attended August 1990 - July 1994, enter 08/01/1990 - 07/01/1994)

**Education (beginning with undergraduate degree)**

Upload a copy of your diploma(s) reflecting graduation from

a Physician Assistant Program

School Name

Start Date

End Date

School Address

**Activities Since Beginning Undergraduate Degree (cover all**

**time periods)**

Place of Employment or Activity

Start Date

End Date

Address

**Examination**

Have you successfully completed the Physician Assistant National Certifying Examination?

If YES, upload verifying documentation from the National Commission on

Certification of Physician Assistants (NCCPA).

If NO, have you ever taken the examination?

Are you registered to take the PANCE?

If YES upload verifying documentation from the NCCPA.

PANCE Test date:

**Current Practice**

Are you currently registered, certified to or working for any other primary supervising physician in another state? i.e., Are you presently working as a physician assistant? If so, answer yes.

If YES, provide the name and principal practice location of each primary supervising physician to whom you are certified. In addition, state your designated working hours per week for each physician listed.

**Certification of Licensure in Other States**

List all states where you have been certified/registered/licensed as an assistant to physicians. Primary source verification is required from any state that does not report physician assistant data to the Federation of State Medical Boards.

Certification and Release:

I, [full name], certify, that all of the information supplied in the submitted-application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of me and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of any certification / licensure granted.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or organization from any liability for the release of information.

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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Physician Assistant's Signature

Attach Photograph,  
If one was not uploaded.

**ALABAMA BOARD OF MEDICAL EXAMINERS  
DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN  
ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code § 31-13-1, et. seq. prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Act 2011-535 also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for licenses or permits.

SECTION 1 --- APPLICANT INFORMATION

NAME: (Last) (First) (M.I.)

DATE OF BIRTH:

SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one)    Yes/  
No

If you answered YES: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered No: Complete Sections III and IV.  
Name of document provided:

SECTION III - ALIEN STATUS

Are you an alien lawfully present in the United States? Yes/No

If you answered Yes: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates

lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered No: Complete Section IV.  
Name of document provided:

#### SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

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.

APPLICANT'S SIGNATURE  
DATE

#### LIST A

##### DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

- (1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver's identification card that the person has provided satisfactory proof of United States citizenship.
- (2) The applicant's birth certificate that satisfactorily verifies United States citizenship.
- (3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.
- (4) The applicant's United States naturalization documents or the number of the certificate of naturalization.
- (5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.
- (6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- (7) The applicant's consular report of birth abroad of a citizen of the United States of America.
- (8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
- (9) The applicant's certification of report of birth issued by the United States Department of State.
- (10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- (11) The applicant's final adoption decree showing the applicant's name and United States birthplace.

- (12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.
- (13) An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.

#### LIST B

#### DOCUMENTS INDICATING STATUS OF QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("\*").

##### a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on \* I Form-94.

Asylee

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274.a12(a) (50";
- \* Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;
  - \* Form I-688B (Employment Authorization Card) annotated "274a.12(a) (3)"; or
  - \* Form I-766 (Employment Authorization Document) annotated "A3"
- Alien Paroled Into the U.S. for at Least One Year
- \* Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a) (10);
- \* Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b) (3) of the INA.

Alien Granted Conditional Entry

- \* Form I-94 with stamp showing admission under §203(a) (7) of the INA;

- \* Form I-688B (Employment Authorization Document) annotated "274a.12(a)(3)"; or
  - \* Form I-766 (Employment Authorization Document) annotated "A3." Cuban/Haitian Entrant
  - \* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
  - Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
  - Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.
- Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty
- U.S. Citizenship and Immigration Service petition and supporting documentation

**Author:** Alabama State Board of Medical Examiners

**Statutory Authority:** Code of Ala. 1975, §§34-24-293, 34-24-3-298, 34-24-299, 34-24-303. 34-24-306.

**History: Repealed and Replaced:** Filed September 21, 1998; effective October 26, 1998. **Amended:** Filed July 23, 1999; effective August 27, 1999. **Repealed and New Appendix:** Filed September 19, 2002; effective October 24, 2002. **Amended:** Filed November 19, 2004; effective December 24, 2004. **Amended:** Filed December 18, 2008; effective January 22, 2009. **Amended:** Filed May 20, 2010; effective June 24, 2010. **Amended:** Filed December 16, 2010; effective January 20, 2011. **Repealed and New Appendix:** Filed February 27, 2018; effective April 14, 2018. **Amended:** Filed August 22, 2018; effective October 6, 2018. **Amended:** Published March 31, 2021; effective May 15, 2021. **Amended:** Published December 30, 2022; effective February 13, 2023.     

**Amended:** Published                   ; effective                   .