APA-4
Revised 1/2018

CERTIFICATION OF EMERGENCY RULES
FILED WITH LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR

Pursuant to Code of Alabama 1975, §§41-22-5(b) and 41-22-6(c)(2)a. and b.

I certify that the attached emergency amendment is a correct copy as promulgated and adopted on the **20th** day of **January**, **2020**.

AGENCY NAME: **Alabama State Board of Medical Examiners**

RULE NO. AND TITLE: **540-X-7, Appendix B, Application for Licensure of Physician Assistant**

EFFECTIVE DATE OF RULE: **January 20, 2021**

EXPIRATION DATE (If less than 120 days): **n/a**

NATURE OF EMERGENCY: **The COVID-19 public health emergency has necessitated the urgent licensure of physicians and assistants to physicians in order to treat Alabama patients. The requirement for applicants for a physician assistant license to obtain primary source verification of other states licenses and for a notarized signature have been identified as steps that create an unnecessary delay in the licensure. These steps can now be accomplished through a national database in a more expeditious manner that would allow for the Board to more efficiently license physician assistants who may offer aid in the public health emergency.**

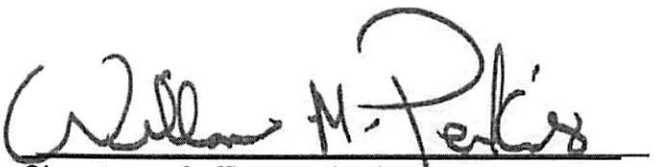
STATUTORY AUTHORITY: **Ala. Code § 34-24-70**

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS __X__ YES ____ NO

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

Carla H. Kruger, Paralegal
PO Box 946
Montgomery AL 36101-0946
(334) 242-4116
Emergency Rule will also be available at www.albme.org

REC'D & FILED
JAN 20 2021
LEGISLATIVE SVC AGENCY



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

Alabama Board of Medical Examiners
PO Box 946 / Montgomery AL 36101-0946 / (334) 242-4116

Application for Licensure of Physician Assistant

Physician Assistant's name in full

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.

Place of Birth
Country of Birth
City of Birth
State/Province of Birth
Gender/Sex (at birth)
Date of Birth

Contact Information
The address and contact methods provided should be how the Board or Commission can contact the license applicant directly. Please DO NOT provide contact information for office managers, assistants, or license assistance companies.

Home Address
Country
Street
Apt/Suite
City
State
Zip
County

If you answer yes to any of the following questions, please provide a detailed explanation and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc., if appropriate:
1. Have you ever been convicted of a felony?
2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?
3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?

4. Have you ever been denied a state or federal controlled substance certificate?
5. Have you ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority?
6. Has your certification or license to practice as a physician assistant in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered while under investigation in any state?
7. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, placed under conditions restricting your practice, or voluntarily surrendered while under investigation?
8. Have you ever been denied a certification or license to practice as a physician assistant in any state or has your application for certification or for a license to practice as a physician assistant been withdrawn under threat of denial?
9. Have you ever had a judgment rendered against you or action settled relating to the performance of your professional service?
10. 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:

11. Are you currently registered, certified to or working for any other primary supervising physician in another state? ie 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.

12. Within the past five years, have you ever 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 in the course of 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?
13. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?
14. Are you currently* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Physician Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners)

You answered Yes, please provide a description

*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 so that the

condition referred to may have an ongoing impact on one's functioning as an assistant to a physician within the past two years.

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. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician 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 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 a physician assistant.

Please type your initials certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

15. Have you been, within the past five years, 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?

16. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?

Education Information

When entering dates attended in the education sections if you do not know the exact date use the first date of the month. (Example: you attended from August 1990 – July 1994, enter 08/01/1990 – 07/01/1994)

Applicant's Education (since graduating from high school)

Upload a copy of your diploma(s) reflecting graduation from a Physician Assistant Program
School Name
Start Date
End Date
School Address

Applicant's Activities since graduating from high school (cover all time periods)

Place of Employment or Activity
Start Date
End Date
Address

~~Certification of licensure (~~List all states where you have been certified/registered/licensed as a Physician Assistant~~). It is a requirement that each state provide directly to the Board a verification. Copies via facsimile or email are accepted. It is your responsibility to make the request to each state.~~ Primary source verification is required from any state that does not report physician assistant data to the Federation of State Medical Boards.

Attach Photograph,
if one was not uploaded.

State(s)

~~Affidavit and~~ Release:

I, [full name], certify ~~after being duly sworn,~~ 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 the assistant 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 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 I release ~~of~~ 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 I release this person or ~~any~~ 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.

_____
Physician Assistant's Signature

~~Date: _____ County _____~~

~~State of _____~~

~~SWORN to and subscribed before me this _____ day of _____, _____~~

Notary Public Signature

My Commission Expires:

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

The Alabama Board of Medical Examiners will enforce the Board's rules and options for the issuance of Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.

Print affidavit and release, sign in presence of Notary Public, attach color picture if not uploaded, and mail original to the Alabama Board of Medical Examiners.

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.

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
· * Forml-94 annnotated 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 Board of Medical Examiners
Authority: Ala. Code §§ 34-24-293, 34-24-298
History: Amended/Approved: November 16, 2017. Amended filed: February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: June 20, 2018. Certified Filed: August 22, 2018. Effective Date: October 7, 2018.