

-APPLICATION-
QUALIFIED
CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE
FOR CERTIFIED NURSE PRACTITIONER
AND CERTIFIED NURSE MIDWIFE

WARNING: SECTION 20-2-254, CODE OF ALABAMA 1975 (AS AMENDED) STATES THAT A REGISTRATION MAY BE SUSPENDED OR REVOKED BY THE BOARD UPON A FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN AN APPLICATION.

Return Completed Application To:
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P.O. Box 946 • Montgomery, Alabama 36101
(334) 242-4116

Name in full: _____
First Middle Last

Permanent address: _____
Street City State Zip

AL RN License No.: _____ Issue Date: _____ Expiration Date: _____

The applicant must answer the following questions. If the answer is "yes" for questions A, B, C, D or E, attach a complete explanation detailing all facts and circumstances for each "yes" answer.

- A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, revoked or disciplined in any manner in any state? () Yes () No
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance? () Yes () No
- C. Has your Federal DEA registration ever been suspended, restricted or revoked? () Yes () No
- D. Have your staff privileges at any hospital ever been surrendered, suspended, restricted, revoked or disciplined in any manner for any reason related to the prescribing or dispensing of controlled substances? () Yes () No
- E. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse or alcohol abuse) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner?* () Yes () No
- F. Print DEA number and expiration date: _____
- G. Have you completed one year of clinical practice? (Note: practice during temporary or provisional approval is excluded) () Yes () No
NOTE: If yes, complete attached affidavit
- H. Have you completed a board approved pharmacology of controlled substances course or courses? () Yes () No
NOTE: If yes, attach documentation of completion

* 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 a CRNP or CNM within the last two years.

FEE FOR THIS CERTIFICATE IS \$110.00. ENCLOSE YOUR CHECK WITH APPLICATION

I swear (affirm) that the information set forth in this application for a Qualified Alabama Controlled Substances Registration Certificate is true and correct to the best of my knowledge, information and belief.

Date _____ Signature of CRNP/CNM _____

Date _____ Signature of Collaborating Physician _____



ALABAMA BOARD OF MEDICAL EXAMINERS

Proof of Clinical Employment

§20-2-252(3)

AFFIDAVIT

I, _____ hereby certify that I have received a minimum of 12 months of active, clinical practice pursuant to one or more collaborative practice agreements approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners, excluding temporary approval practice and provisional approval practice, from the following employer(s):

Employer

Street Address

City State Zip

Phone #

Collaborating Physician

Employed From: _____ To: _____

Employer

Street Address

City State Zip

Phone #

Collaborating Physician

Employed From: _____ To: _____

Employer

Street Address

City State Zip

Phone #

Collaborating Physician

Employed From: _____ To: _____

CRNP/CNM Signature

Sworn to and subscribed to before me on this _____ day of _____, 20_____.

Notary Public
My Commission Expires: _____