



Alabama State

Board of Medical Examiners

Application Request Form

\$20.00 Check or Money Order payable to Alabama Board of Medical Examiners

First Name: _____ **Middle Name:** _____

Last Name: _____

MAILING ADDRESS

Street: _____

Apt./Suite: _____

Additional: _____

City, State, Zip: _____

Contact Number: _____

Email Address: _____

Name and Date of your original licensure exam (i.e., NBME, FLEX, USMLE, NBOME,

LMCC): _____

Date of (re)certification by ABMS/AOA specialty board: _____

Have you taken the SPEX Exam: _____ **If yes, please provide the date:** _____

Do you currently have a Limited License in Alabama? _____

If yes, please provide the License number: _____

PLEASE MAIL THIS FORM AND YOUR \$20 TO:

P.O. Box 946
Montgomery, AL 36101-0946

P.O. Box 946 • Montgomery, AL 36101-0946
848 Washington Avenue • Montgomery, AL 36104-3839
334-242-4116 • www.albme.org

Protecting the health and safety of the citizens of the state of Alabama