

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

INFORMATION/INSTRUCTIONS

Applicant for a Certificate of Qualification

LICENSURE TEST SCORES REQUEST

USMLE, FLEX and/or SPEX Scores

- If you have taken the USMLE, FLEX or SPEX you will need to contact the Federation of State Medical Boards and have them send the scores directly to our office. They will only accept an electronic request. Please contact them at: <http://www.fsmb.org/transcripts/>

NBME

- If you have taken the NBME you will need to contact the National Board of Medical Examiners and have them send the certification directly to our office. Please contact them at: <http://www.nbme.org>

NBOME and COMLEX

- If you have taken the NBOME or the COMLEX you will need to contact the National Board of Osteopathic Medical Examiners and have them send the certification directly to our office. Please contact them at: <http://www.nbome.org>

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG)

- If you are an International Medical Graduate (IMG) and want to request a Status Report, please contact them at: <https://www.ecfm.org/cvs/requesting-status-report.html>

CRIMINAL HISTORY INFORMATION RELEASE FORM

- Include last name, first name, middle name and any other name used, meaning: maiden name, surname or alias name, street address, city, state, zip code of the physician on which the criminal history check is to be conducted.
- Date of birth (MM/DD/YYYY), social security number, race, sex, current driver's license number of the physician on which the criminal history is to be conducted.
- Affidavit must be signed by applicant in order for criminal history check to be processed. **The signature must be notarized OR witnessed by two individuals.**

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

MEDICAL SCHOOL & POST GRADUATE MEDICAL EDUCATION TRAINING

- Appendix A and B must be completed by all Medical Schools attended and all Post Graduate Medical Education Training Programs attended. You will note that the appendices **MUST** be returned to the Alabama Board of Medical Examiners (ALBME) directly from the Institutions. Please **DO NOT** provide envelopes to the Institutions for mailing the certification to this office, because our only indication that the certification is being sent directly from the Institution is the envelope. If the certification is not received from the Institution the ALBME will not consider the document.

NOTICE TO ALL APPLICANTS

- All prospective applicants are hereby notified of the following: It is the policy of the ALBME to refer any applicant, who has been addicted to the use of alcohol or controlled substances and/or who has received any treatment, monitoring or aftercare for chemical dependency, substance abuse or psychiatric illness within two (2) years preceding the date of the application, to the Alabama Physician's Health Program (APHP) for evaluation and a recommendation concerning the license application. As part of the application process, applicants are expected to cooperate fully with requests for information and/or evaluations which may be recommended by the APHP in consultation with the ALBME's Impaired Physician Coordinator. An application shall not be deemed complete and shall not be placed on the agenda of the ALBME until a recommendation from the APHP has been received by the ALBME. This policy applies to applicants for a certificate of qualification by endorsement or by examination or without examination (Limited License).
- The ALBME may deny an application or issue a Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.
- For complete rules, please visit:
<http://www.alabamaadministrativecode.state.al.us/docs/mexam/540-X-3.pdf>

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

CHECKLIST

Applicants for a Certificate of Qualification

The following items must be submitted with application:

- Application (Completed, Signed, & Notarized)
- Explanation to any “Yes“ answers on application
- Time from graduation of medical school until present narrative
- *Application Fee-\$175.00
- *Criminal Background Check Fee-\$65.00 (*One payment of \$240.00 is acceptable)
- Criminal History Information Release Form (Completed, Signed & Notarized/Witnessed)
- Two Completed Fingerprint Cards
- Declaration of Citizenship Form & Supporting Documentation
- Certification of active clinical practice form

To request fingerprint cards, email smcgilvray@albme.org.
If you prefer to use another facility's fingerprint cards, please write in the "Reason Fingerprinted" space "ALC 34-24-70" and under ORI number write "AL920049Z"

The following items must be requested by applicant and sent directly from the related facility to our Board (request forms are included in application packet):

- Medical School Certification (for all schools attended; make copies of Appendix A as needed)
- Postgraduate Training Certification (for all programs attended; make copies of Appendix B as needed)
- Transcript of Written Licensing Scores (USMLE, COMLEX, LMCC, NBME, etc.)
- ECFMG (If foreign medical school grad) or Fifth Pathway Certificate
- Verification from all states of licensure
- Verification of current Board Certification, MOC or SPEX scores (*if applicable*)

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P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

Once the application has been received by our agency you may **check the status of your application online** by following these steps:

- Log on to our website at albme.org
- Click the CHECK PENDING APPLICATION heading
- Enter your last name and the last 4 digits of your social security number
- Check Status

If you are using a credentialing service to help you with your application, you may provide them with this information so they will be able to check the status of your application.

The website is updated daily.

ALL MATERIALS THAT ACCOMPANY THE APPLICATION MUST BE RECEIVED BY THE DEADLINE FOR ANY APPLICATION TO BE CONSIDERED COMPLETE.

All endorsement applicants have SIX MONTHS from the date the application is received to complete the application. After six months, an incomplete application will be withdrawn by the Board. To re-apply, the applicant must submit a new application form, including a new application fee and a new criminal background check fee. **Exception:** SPEX applicants have TWELVE MONTHS from the date the initial application is received.

CERTIFICATION OF ACTIVE CLINICAL PRACTICE

I hereby certify that I, _____, MD/DO have been engaged
in active clinical practice providing direct patient care in _____ during the
preceding two years, at the following location(s):

Name of practice _____ located in _____,
from _____ until _____.

Name of practice _____ located in _____,
from _____ until _____.

Name: _____ (print name) _____ (signature)

Witness: _____ (print witness name) _____ (witness signature)

DATE: _____ (month, day, year)

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

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.

Ala. Code § 31-13-1, *et. seq.* 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: _____
(Print or Type) (Last) (First) (M.I.)

MD / DO / PA License Number: _____ 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.

Name of document provided: _____

If you answered **No**: Complete Section IV.

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

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

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.

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P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

LIST B

DOCUMENT 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 (*).

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-51 stamp in foreign passport or on *Form I-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)”
- *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 “274.12(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)”
- *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
- 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

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): _____ Sex/Gender: Male Female

Aliases/Nickname: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: _____ (MM/DD/YYYY) Driver's License Number: _____ Issuing State: _____

Race: White Black Asian Indian Other (please specify) _____

Home Phone: () _____ Mobile Phone: () _____ Work Phone: () _____

WORK INFORMATION

Employer Name: _____ Employer Phone: () _____

Contractor Name: _____ Contractor Phone: () _____

State Agency: _____ Agency Phone: () _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- Completed Application signed by applicant and **two witnesses** OR notarized.
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.**

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature _____ Date _____

Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

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

Notary Signature _____ My Commission Expires _____, 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: AL _____

Received By (Initials): _____/Date: ____/____/____ Processed By (initials): _____/Date: ____/____/____

Walk-in/Hand Delivered _____ Mailed _____ Status: _____ Initials: _____ Date: ____/____/____

Billed: _____ Paid: _____ No Charge: _____

Check#: _____

Background Check Qty: ____ Total: \$ _____

Certified Letter Qty: ____ Total: \$ _____

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

MEDICAL SCHOOL CERTIFICATION

Appendix A

Certificate of Dean or President

It is hereby certified that _____ matriculated in
[applicant name]
_____ at _____ from _____ to
[medicine/osteopathy] [name of school] [start date]
_____ and received a diploma conferring the degree of Doctor of
[end date]
Medicine/Osteopathy on _____.
[date]

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please mark the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation?

Yes No

If yes, please attach a copy of the written notification to the individual.

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

Yes No

If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason?

Yes No

If yes, please attach a copy of the written notification to the individual.

Date: _____

Print/Type Name

Signature of Registrar or Dean

Instructions to individual completing this form: Please complete, sign and return to the Alabama Board of Medical Examiners at the above physical or email address; licensure@albme.org (email must originate from school/institution domain). **Please do not send this certification back to the applicant. The Board will not consider this certificate unless it is received directly from the institution.**

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

POST GRADUATE CERTIFICATE TRAINING

Appendix B

Certificate of Post Graduate Education Training

I, _____, _____ of
[name] [Administrator / Medical Education Director / Director of Residency Program]

_____, certify that the records of this Program show that
[school / institution name]

_____ is currently enrolled in the _____ year of post graduate training OR has
[applicant's name] [1st/2nd/3rd]

successfully completed _____ Year/Years of post graduate training* in this program from _____ to _____.
[1/2/3] [start date] [end date]

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? Yes No
If yes, please attach a copy of the written notification to the individual.

Does this individual's record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? Yes No
If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that he/she was ever notified in writing that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? Yes No
If yes, please attach a copy of the written notification to the individual.

Date: _____

Print/Type Name

Signature of Administrator or Director

Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified

Candidates who graduated from a non-LCME accredited medical school or non-AOA accredited College of Osteopathy need three (3) years certified.

*"has completed _____ years of post graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

Instructions to individual completing this form: Please complete, sign and return to the Alabama Board of Medical Examiners at the above physical or email address; licensure@albme.org (email must originate from school/institution domain). **Please do not send this certification back to the applicant. The Board will not consider this certificate unless it is received directly from the institution.**

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

OTHER STATE LICENSE VERIFICATION REQUEST

Use this form to request verification of other state licenses.

This form does not have to be used if the State Medical Board has an online request process.

_____ Medical Board:
[State]

I am applying for a license to practice medicine in the state of Alabama. The Alabama Board of Medical Examiners requires that your Board submit a written verification of my license in your state.

This is your authority to release information in your files, favorable or otherwise, to the:

Alabama Board of Medical Examiners
P.O. Box 946
Montgomery AL 36101

Or email licensure@albme.org.

NOTE: If the verification is emailed it **must** come from the state's medical board domain.

[Print/Type Applicant's Full name]

[License Number]

[Date Issued]

[Applicant's Signature]

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

APPLICATION FOR CERTIFICATE OF QUALIFICATION TO PRACTICE MEDICINE IN ALABAMA

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

To the Alabama Board of Medical Examiners:

I hereby make application for a certificate to practice medicine in the state of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice:

Type in the following:

Name in Full (First, Middle, Last,) _____ (M.D./D.O.) _____

Address _____ City _____ State _____ Zip _____

Place of Birth _____ Date of Birth _____ Sex _____

Social Security #* _____ Email _____

Telephone (H) _____ Telephone (W) _____

* 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)

Answer yes or no (if any answers below are in the affirmative, please explain in detail and provide the complete name and address of any state board, hospital, psychiatrist/psychologist, etc.):

YES NO

1. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction) YES NO
2. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction) YES NO
3. Have you ever been cited for, charged with, or convicted of any violation of any law, felony or misdemeanor (excluding minor traffic violations such as speeding and parking tickets), or are you required to register as a sex offender for any reason? (If yes, please provide the name of the agency, jurisdiction, and/or court along with the case number and incident date). NOTE: Include felony and misdemeanor criminal matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside. YES NO
4. Have you ever been denied a state or federal controlled substance certificate? YES NO
5. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed, or voluntarily surrendered under threat of suspension or revocation? YES NO
6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice? YES NO
7. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial? YES NO

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

8. Have you ever had a judgment rendered against you, or action settled relating to performance of your professional service?
9. To your knowledge, are you the subject of an investigation by any licensing board/agency as of the date of this application?
10. 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?
11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
12. 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 or the Medical Licensure Commission of Alabama) If you answer “Yes”, then a description is required.

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 medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

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

* 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 physician within the past two years.

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. 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?
15. Have you ever been placed on academic or disciplinary probation by a medical school or postgraduate program?
16. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?
17. Were you notified in writing that there were limitations or special requirements imposed on you because of questions of academic or clinical incompetence, disciplinary problems, or any other reason during your medical education or postgraduate training?

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

Please provide the following information:

Place of intended residence in Alabama _____

Pre-Medical Education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred.

	Date	Name of School	Degree
1.	From _____ To _____	_____	_____
2.	From _____ To _____	_____	_____
3.	From _____ To _____	_____	_____
4.	From _____ To _____	_____	_____

Medical Education: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

	Date	Name of School	Degree
1.	From _____ To _____	_____	_____
2.	From _____ To _____	_____	_____
3.	From _____ To _____	_____	_____
4.	From _____ To _____	_____	_____

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

Post-graduate Medical Education Training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

	Date	Name of School	Address
1.	From _____ To _____	_____	_____
2.	From _____ To _____	_____	_____
3.	From _____ To _____	_____	_____
4.	From _____ To _____	_____	_____
5.	From _____ To _____	_____	_____

Specialty(s):

Specialty Board Certification:

Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? If Yes, have your specialty board send verification to the Board. Yes No

Original Full License (if applicable):

Provide name of state/territory, date issued, license number, and examination taken.

State/Territory	Date Issued	License Number	Examination Taken
_____	_____	_____	_____

Has this license been the subject of any disciplinary action? YES NO If yes, please provide summary and supporting documentation.

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

Activities following Medical School and Training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.

Date	Name of Institution/Hospital	Address
1. From _____ To _____	_____	_____
2. From _____ To _____	_____	_____
3. From _____ To _____	_____	_____
4. From _____ To _____	_____	_____
5. From _____ To _____	_____	_____
6. From _____ To _____	_____	_____
7. From _____ To _____	_____	_____
8. From _____ To _____	_____	_____

Hospital Privileges: List all hospitals where you have held staff privileges of any type, providing dates, hospital names, and complete addresses

Date	Name of Hospital	Address
1. From _____ To _____	_____	_____
2. From _____ To _____	_____	_____
3. From _____ To _____	_____	_____
4. From _____ To _____	_____	_____
5. From _____ To _____	_____	_____
6. From _____ To _____	_____	_____
7. From _____ To _____	_____	_____

ALABAMA BOARD OF MEDICAL EXAMINERS

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State Licensure:

List all states where you have been licensed to practice medicine. It is a requirement that each state provide a written verification directly to the Board. List all licenses including training or educational licenses. **Please Note: training and education licenses do not require a written verification.**

_____	Training	Full	_____	Training	Full
_____	Training	Full	_____	Training	Full
_____	Training	Full	_____	Training	Full
_____	Training	Full	_____	Training	Full
_____	Training	Full	_____	Training	Full
_____	Training	Full	_____	Training	Full
_____	Training	Full	_____	Training	Full
_____	Training	Full	_____	Training	Full
_____	Training	Full	_____	Training	Full
_____	Training	Full	_____	Training	Full

SPEX:

Have you successfully completed a written licensing examination within the last ten years? YES NO

Have you been certified or re-certified within the past ten years by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? YES NO

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Affidavit and Release:

I, _____ certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself 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 my license to practice medicine and criminal prosecution to the fullest extent of the law.

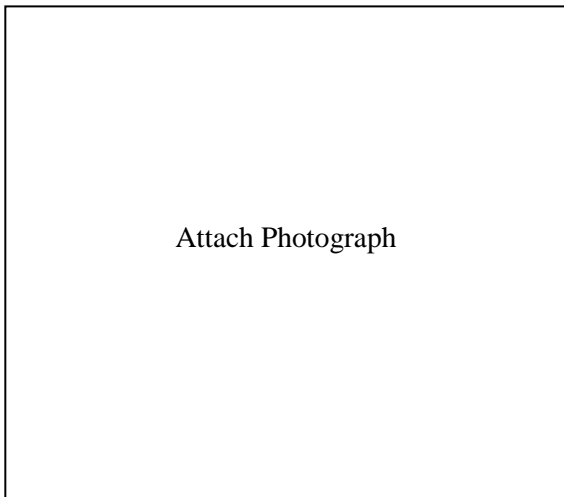
I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information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

Applicant's signature

Date: _____ County of _____

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 a Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.
Print application, sign in presence of Notary Public, attach color picture, and return original to the Alabama Board of Medical Examiners.