

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

CONTINUING MEDICAL EDUCATION EXEMPTION DUE TO RETIREMENT

C E R T I F I C A T I O N

I, the undersigned _____, Alabama medical license number _____, state the following:

1. I am a fully retired physician licensed to practice medicine in the State of Alabama.
2. I do not engage in the practice of medicine in any form, including the treatment of family members and the prescribing, to anyone, of controlled and/or legend drugs.
3. I submit this statement to the Alabama State Board of Medical Examiners for the purpose of claiming an exemption from the minimum continuing medical education requirement mandated by §34-24-336, *Code of Alabama 1975*, and Chapter 540-X-14 of the Rules and Regulations of the Board of Medical Examiners.
4. I understand that, as a physician with an active license, my status will change from “active” to “active with restriction due to retirement.” This restriction is considered nondisciplinary, is not reportable to the National Practitioner Data Bank and shall not be published in the Board of Medical Examiners’ Newsletter.
5. I voluntarily surrender my Alabama Controlled Substances Registration Certificate and have attached same to this application for Waiver.
6. I understand that, should I re-enter the practice of medicine in any form at a subsequent time, I must make application for removal of waiver status and submit proof that I have satisfied the continuing medical education requirements of Chapter 540-X-14 of the Rules and Regulations of the Board of Medical Examiners.

I swear (affirm) that the information set forth in this Certification is true and correct to the best of my knowledge, information and belief.

(Date)

(Signature)