



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

P.O. BOX 946
MONTGOMERY, AL 36101-0946

TELEPHONE
(334) 242-4116

NOTE to APPLICANT: Please provide one of these forms to all states where you have been certified/registered/licensed or have ever made application.

Complete the top section of the form and mail to the Board of each state in which you are now or have ever been certified/registered/licensed as a **Physician Assistant or Anesthesiologist Assistant**. If needed, you may make copies of this form.

I am applying for a license to practice as a **Physician Assistant or Anesthesiologist Assistant** in the state of Alabama. The Alabama Board of Medical Examiners requires the information on this form in order that I may be considered for licensure.

This is your authority to release any information in your files, favorable or otherwise, to the Alabama Board of Medical Examiners.

_____		_____	
Please print or type your full name		Signature	
_____		_____	
Identifying No. in state of: _____		Date issued	

Street address	City	State	Zip

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

Return to: Alabama Board of Medical Examiners / PO Box 946 / Montgomery AL 36101-0946

This is to certify that the records of the Board of Medical Examiners of the state of

_____ indicate that _____

was issued certificate/registration/license number _____ dated _____.

This certificate/registration/license was terminated on _____

based on _____.

Derogatory information _____

Remarks _____

Date _____ Signed _____

[Board Seal] Title _____

State Board _____