



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

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William M. Perkins, Executive Director

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Additional Site Request

Supervising Physician: _____ License Number: _____

Principal Practice Site of Supervising Physician: _____

Physician Assistant: _____ License Number: _____

RA Number: _____

Name of additional practice site			
Address			
Phone			
Hours Per Week			
Is this a remote site?	Yes No	Yes No	Yes No
If yes, provide a plan describing the practice location, facilities, and arrangements for appropriate communication, consultation, and review.			

Signature of Supervising Physician: _____ Date: _____

Please submit this form via email to PAAADept@albme.gov

Modified 10/8/2021