



ALABAMA BOARD OF MEDICAL EXAMINERS

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

*Under Alabama Law, this document is a public record
and will be provided upon request*

Application for Bridge Year Graduate Physician Permit: Bridge Year Graduate Physician

Please DO NOT provide contact information for office managers, assistants, or license assistance companies.

Required demographic information:

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

Alternate name(s) used _____

Address (Street, City, State, Zip) _____

Email address _____

Place of birth _____ Date of birth _____

SSN _____ Gender _____

(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 permit will be issued)

Telephone (C or H) _____ Telephone (W) _____

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

Yes No

1. Applicant has ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws.

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Applicant has ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason.

3. A judgment has ever been rendered against the applicant or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of the applicant's professional service ("malpractice").

4. As of the date of the application, applicant is the subject of an investigation or proposed action by any law enforcement agency.

5. Applicant has ever had any Drug Enforcement Administration registration and/or state-controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine.

6. Applicant has ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority.

7. Applicant has ever been denied a permit to practice as a bridge year graduate physician, or the equivalent of, in any state or jurisdiction or has had an application for a permit to practice as a bridge year graduate physician, or the equivalent of, withdrawn under threat of denial.

8. Applicant's certification or permit to practice as a bridge year graduate physician, or the equivalent of, in any state or jurisdiction has ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine.

9. Applicant's privileges at any hospital or health care facility have ever been revoked, suspended, curtailed, limited, or placed under conditions restricting applicant's practice, if applicable.

10. As of the date of the application, applicant is the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility.

11. Applicant has ever been diagnosed as having or has ever been treated for pedophilia, exhibitionism, or voyeurism.

12. Applicant, within the past five years, has 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 applicant's actions during 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.

13. Applicant, within the past five years, has been convicted of driving under the influence (DUI), or has been charged with DUI and been convicted of a lesser offense such as reckless driving.

14. Applicant is currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues.

*The term "currently" as it is used in paragraph (14) above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a bridge year graduate physician within the last two years.

Notice: If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they 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.

14. A. IMPORTANT: The Board recognizes that applicants 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 permittees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals 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 individual is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the permit.

Please initial to certify that you understand and acknowledge your duty as a permittee to address any such condition as stated above.

Applicant Initials

Education/Training/Experience:

Yes No

15. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

16. Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of a medical school program?

17. Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education training, such as repeating a class or classes or taking time off from school to study for an examination?

18. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school program?

19. Pre-Medical education: List all schools attended, undergraduate education other than medical school, dates attended, and degree conferred.

Start Date	End Date	Name of School	Degree

20. Medical School: List all medical schools attended, dates of entrance, dates of completion, and complete addresses of institutions.

Start Date	End Date	Name & Address of Institution

21. Activities following medical school: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, complete addresses, and name and contact information of supervisors.

Start Date	End Date	Name & Address of Institution

22. List all licenses including training or educational licenses.

23. Have you successfully completed a licensing examination? If yes, please choose:

_____ USMLE _____ COMLEX _____ LMCCE Other _____

24. Have you applied for, but were not accepted into, any of the following postgraduate or residency training programs for the **first year** following medical school graduation? If yes, please choose:

_____ A program accredited by the Accreditation Council for Graduate Medical Education.

_____ A program accredited by the American Osteopathic Association.

_____ A program accredited by the Accreditation Committee of the Royal College of Physicians and Surgeons of Canada.

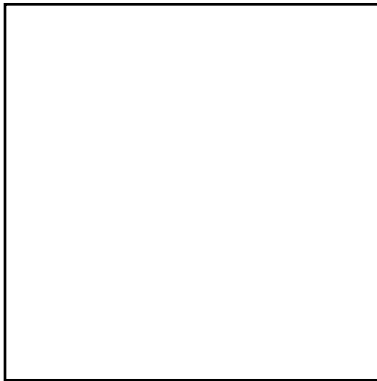
_____ A program accredited by the College of Family Physicians of Canada.

Release

I certify 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 denial of this application or the revocation of my Bridge Year Graduate Physician permit and criminal prosecution to the fullest extent of the law. I further consent to and 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 I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and 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 I release this individual or organization from any liability for the release of information.

Attach a recent photograph of yourself with this application.

Photograph



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

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Applicant's typed name _____

Applicant's signature _____

Date _____

Please submit a completed application to:
APPDept@albme.gov
OR mail to:
Alabama Board of Medical Examiners
ATTN: APP Department
848 Washington Avenue
Montgomery, AL 36104

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116
APPDept@albme.gov

MEDICAL SCHOOL CERTIFICATION

Certificate of Dean, President, or Registrar

It is hereby certified that _____ matriculated in
(name of bridge year graduate physician applicant)
_____ at _____ from _____ to
[medicine/osteopathy] [name of school] [start date]
_____ and received a diploma conferring the degree of Doctor of Medicine/
[end date]

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 the applicant was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual. Yes No

Does this individual's official record reflect that the applicant was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please attach a copy of the written notification to the individual of the disciplinary action. Yes No

Does this individual's official record reflect that there were any limitations or special requirements imposed on the applicant because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual. Yes No

Date: _____

Signature of Dean, President, or Registrar _____

Dean's / President's / Registrar's typed name _____

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

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: APPDept@albme.gov (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.