



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*

Limited Certification of Qualification Renewal Application

If you meet the qualifications for a full medical license, you do not qualify for a limited license.

Ala. Code § 34-24-75 requires that limited licensees first renew the limited certificate of qualification and then renew the limited license. After completing this application, return it to the institution for certification by the Dean, Program Director, Chief Medical Officer, or Warden/Medical Director.

Please submit the \$15 renewal fee made payable to the Alabama Board of Medical Examiners.

Required Demographic Information

Name in Full (First, Middle, Last) _____ MD _____ DO _____

Alternate Name(s) used _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number (Home or Cell) _____

Medical License Number _____ Date Issued _____

Name of Institution _____

Type of Limited License (Check one)

Resident

Distinguished Professor

State Institution

Fellow

Specialty Professor

Visiting Professor

Number of years in current program/position: _____

Required Program/Institution Information

Yes No

1. Do you limit your practice to the confines of the program/ institution?

If the answer is no, please attach a detailed explanation.

2. Since you last renewed, have you successfully completed a written licensing examination? If yes, please choose:

ABMS board certification exam

AOA board certification exam

USMLE

Step 1

Step 2

Step 3

COMLEX

Level 1

Level 2

Level 3

Other _____

- Since you last renewed, have you successfully completed an ACGME accredited postgraduate year or fellowship?

If you answered yes, please choose year completed: 1 2 3

Required background information *If your answer is "yes," please attach a detailed explanation.*

Legal:

Yes No

- Have you 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, or driving under the influence?

*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.

- Have you 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?
- Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?
- To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

- Have you 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?
- Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?
- Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
- Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/ agency, or any hospital or health care facility?

Fitness to Practice:

Yes No

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?
11. Within the past five years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your 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?
12. The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program, 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.

I have read and understand the statements above.

Physician Initials

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 SS 8-1A-2 and 8-14-7. 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 printed name

Applicant's signature

Date

Certification of Institution: This is to certify that the aforementioned individual is making application for a limited certificate of qualification at this institution.

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 SS 8-1A-2 and 8-14-7. 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.

Name of Dean-School of Medicine OR Director-Residency
Training Program OR Warden/Medical Director OR Chief Medical Officer

Signature of Dean-School of Medicine OR Director-Residency
Training Program OR Warden/Medical Director OR Chief Medical Officer

Date

Print or email application, and attach a recent photograph of yourself, and have Dean-Medical School, Director-Residency Training Program, Chief Medical Officer, or Warden/Medical Director sign, and return original to the Alabama Board of Medical Examiners.

Please submit a completed application to:

Credentialing@albme.gov

OR mail to:

Alabama Board of Medical Examiners
ATTN: Credentialing Specialist
848 Washington Avenue
Montgomery, AL 36104