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: Covering Physician Agreement

Supervising Physician _____ AL Med. Lic. Number _____

Bridge Year Graduate Physician _____ AL Permit Number _____ (if applicable)

Covering Physician _____ AL Med Lic. Number _____

In the event the supervising physician is not readily available, provisions must be made for professional medical oversight and direction by a covering physician who is readily available in the facility to provide direct medical intervention, who is preapproved by the Board of Medical Examiners, and who is familiar with the rules governing the practice of bridge year graduate physicians.

When the supervising physician is not readily available to respond to patients' medical needs, the bridge year graduate physician is not authorized to perform any act or render any treatments unless another qualified physician in the same medical practice, practice group, or multidisciplinary medical team, or of the same or similar specialty as the supervising physician is immediately available **on site** to supervise the bridge year graduate physician.

By signing this form, you hereby affirm that:

- ☐ I agree to serve in the capacity of a covering physician and assume all responsibility for the actions of the bridge year graduate physician during the absence of the primary supervising physician.
- ☐ I am familiar with the current rules regarding the practice of bridge year graduate physicians and will abide by them.
- ☐ I am familiar with the bridge year graduate physician's job description.
- ☐ I will approve the bridge year graduate physician's prescribing of the drug types, dosages, quantities, and number of refills of legend drugs authorized in the standard formulary as appropriate.

The supervising physician shall inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination.

I hereby certify that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief. Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action. 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.

Signature of **Covering** Physician _____ Date _____

Signature of **Supervising** Physician _____ Date _____