



## **ALABAMA BOARD OF MEDICAL EXAMINERS**

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

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and will be provided upon request*

### **Application for Bridge Year Graduate Physician Permit: Job Description**

Supervising Physician \_\_\_\_\_ AL Med. Lic. Number \_\_\_\_\_

Bridge Year Graduate Physician \_\_\_\_\_ AL Permit Number \_\_\_\_\_  
(if applicable)

There shall be always a direct continuing and close supervisory relationship between the bridge year graduate physician and the supervising physician. The supervising physician shall always be responsible for the activities of the bridge year graduate physician.

The bridge year graduate physician shall provide medical services within the education, training, and experience of the bridge year graduate physician that are delegated by the supervising physician. These services include, but are not limited to the following:

- (a) Obtaining patient histories and performing physical examinations.
- (b) Ordering and/or performing diagnostic and therapeutic procedures.
- (c) Formulating a working diagnosis.
- (d) Developing and implementing a treatment plan.
- (e) Monitoring the effectiveness of therapeutic interventions.
- (f) Assisting at surgery.
- (g) Offering counseling and education to meet patient needs.
- (h) Making appropriate referrals.
- (i) Administering any legend drug which they are authorized to prescribe.
- (j) Performing procedures under direct supervision of the supervising physician.

I certify that I have reviewed the current rules of the Alabama Board of Medical Examiners pertaining to bridge year graduate physicians and understand my responsibilities. I understand that I am equally responsible for the actions of the bridge year graduate physician.

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 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.

Supervising Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Bridge Year Graduate Physician Signature \_\_\_\_\_ Date \_\_\_\_\_