

ALABAMA BOARD OF MEDICAL EXAMINERS

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

licensing@albme.gov

MEDICAL SCHOOL CERTIFICATION

Certificate of Dean, President, or Registrar

It is hereby certified that _____ matriculated in
[applicant name]
_____ at _____ from _____ to
[medicine/osteopathy] [name of school] [start date]
_____ and was conferred the degree of Doctor of
[end date]
Medicine/Osteopathy on _____.
[date]

Date: _____

Print/Type Name

Signature of Dean, President, or Registrar

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; licensing@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.**