



**ALABAMA BOARD OF MEDICAL EXAMINERS
ALABAMA MEDICAL LICENSURE COMMISSION
P. O. Box 946 / Montgomery, Alabama 36101-0946 / (334) 242-4116
848 Washington Avenue – 36104**



**INSTRUCTIONS FOR THE ALABAMA MILITARY SPECIAL SERVICE
CERTIFICATE OF QUALIFICATION AND
MILITARY SPECIAL SERVICE LICENSE**

The Alabama Board of Medical Examiners along with the Alabama Medical Licensure Commission created a temporary license that is available to physicians or their spouses who are relocated or stationed in Alabama under official military orders. The applicant must meet the eligibility requirements in order to qualify for the Military Special Service License. A physician who is issued a Military Special Service License shall apply for a Full Certificate of Qualification and License within 12 months of the issuance of the temporary license. **A Military Special Service License shall expire 12 months after the issuance of the license.**

Eligibility Requirements:

- Is either active duty, reserve, or transitioning member of a branch of the United States Armed Forces, including the National Guard, or the spouse or surviving spouse of the aforementioned individual
- Must possess a full unrestricted medical license in another state, District of Columbia, a territory of the United States, or a province of Canada
- Have graduated from an accredited medical school or a school listed in the International Medical Education Directory or its equivalent
- Successful completion of ACGME or AOA accredited graduate medical education
- Have taken and passed a written licensing examination (Examples: USMLE, FLEX, NBME, NBOME, or COMLEX)
- No history of disciplinary action against your medical license, excluding any action related to the non-payment of fees related to a license
- No criminal history
- No suspension or revocation of controlled substances license, certificate, or permit
- Not currently under investigation
- Must be a U.S. Citizen, national, or lawfully present alien

Physician applicant service members must submit proof of one of the following qualifiers at the time of application:

- Active or reserve service member's official military orders
- Transitioning service member's DD Form 214 or NGB Form 22

Physician spouse of service member applicant must submit proof of one of the following qualifiers along with a marriage or death certificate at the time of application:

- Active or reserve service member's official military orders
- Transitioning service member's DD Form 214 or NGB Form 22

Applicants must also complete the attached application in its entirety and submit as an attachment via email with a copy of a valid photo ID to the address below:

credentialing@albme.org

Once your application has been submitted, please allow 10 days for the processing and issuance of the Military Special Service License.

Should you wish to obtain an Alabama Controlled Substances Certificate (ACSC), you will need to apply electronically through the Licensee Portal that is located on our website at https://abme.igovsolution.net/online/user_login.aspx. Click the Apply ACSC button underneath the Apply for Registration heading. Once you have completed the application, you will be able to pay the required fee of \$150.



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**Application for Military Special Service Certificate of Qualification and
Military Special Service Medical License**

**To apply for a Military Special Service certificate of qualification and license to practice medicine
in Alabama, please answer the questions below:**

Applicant Identification:

Full Legal Name: _____
(First) (Middle) (Last) (Suffix)

Mailing Address: _____
(Mailing Address) (City) (State) (Zip)

Office Address: _____
(Office Address) (City) (State) (Zip)

Expected AL
Practice Address: _____
(Practice Address) (City) (State) (Zip)

Date of Birth: _____ Gender: Male Female
(mm/dd/yyyy)

Office telephone number: _____ Cell phone number: _____

Email address delegated by applicant to receive correspondence: _____

Social Security Number: _____
(###-##-####)

Physician's National Provider Identifier Number: _____

Education:

Medical Degree Received: M.D. D.O.

Medical School: _____
(Name of School; no abbreviations or acronyms)

Date of Degree Issued: _____
(mm/dd/yyyy)

(Medical school must be accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation or be listed in the International Medical Education Directory or its equivalent.)

Residency Program: _____
(Full Name of Program; no abbreviations or acronyms)

Completion date: _____
(mm/dd/yyyy)

(Physicians must have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the Commission on Osteopathic College Accreditation.)

Qualifying Licensing Exam taken (USMLE or COMLEX, etc.): _____

Physicians must possess a full and unrestricted medical license issued by a state, the District of Columbia, a territory of the United States, or a province of Canada.

License Number: _____

Expiration date: _____
(mm/dd/yyyy)

Date of Original Licensure: _____ (not renewal)
(mm/dd/yyyy)

Licensing State/District/Territory/Province: _____

Select your qualifier for the Military Special Service License by initialing and affirming.

I hereby swear (affirm) that I am either:

_____ Active duty

_____ Reserve

_____ Transitioning member of the United States Armed Forces, including the National Guard. *

_____ The spouse of the aforementioned or a surviving spouse of a service member who, at the time of his or her death, was serving on active duty or who has relocated to and stationed in this state under official military orders.

*A transitioning service member is defined as a member of the United States Armed Forces, including the National Guard, on active duty status or on separation leave who is within 24 months of retirement or 12 months of separation.

Initial to Swear or Affirm each statement:

1. _____ I hereby swear (affirm) that I currently possess a full and unrestricted license to practice medicine that has been issued by the medical licensing authority of a state, the District of Columbia, a territory of the United States, or a province of Canada.
2. _____ I hereby swear (affirm) that I have never been convicted received adjudication, community supervision, or deferred disposition of any felony offense or any crime related to fraud, violence, sexual violations, or related to the practice of medicine.
3. _____ I hereby swear (affirm) that my medical license has never been subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the non-payment of fees related to a license.

4. _____ I hereby swear (affirm) that my controlled substance license or permit has never been suspended or revoked by a state, the District of Columbia, a territory of the United States, a province of Canada, or the United States Drug Enforcement Administration.
5. _____ I hereby swear (affirm) that I am not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.
6. _____ I hereby swear (affirm) that I am either (1) a United States citizen; (2) a naturalized citizen of the United States; or (3) an alien lawfully present in the United States.
7. _____ I hereby swear (affirm) that I will apply for a certificate of qualification within twelve (12) months of the issuance of a my Military Special Service Certificate of Qualification.

I swear (affirm) that the information set forth on this application for a Military Special Service certificate of qualification and license is true and correct to the best of my knowledge, information and belief.

Signature of Physician: _____ Date: _____

(For electronic signature) 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.

Knowingly providing false information to the Alabama State Board of Medical Examiners or Medical Licensure Commission is a violation of Ala. Code § 34-24-360(17).

Please email completed form as an attachment to credentialing@albme.org