



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: Supervising Physician

Supervising Physician Name _____

AL. Med. Lic. Number _____ Medical Specialty _____

Residency Completion Date _____

If applicable, name of program and completion date of any fellowship, or other supervised training program.

Name of Program _____ Completion Date _____

Name of Program _____ Completion Date _____

Name and Address of Principal Practice Site* _____

*The main location at which the supervising physician is engaged in the practice of medicine.

Telephone number _____

Bridge Year Graduate Physician Name in Full _____

1. List each practice location(s) of the bridge year graduate physician including name, address, and the number of hours the bridge year graduate physician will practice per week at each location:

Practice Name _____

Address _____

Hours per week _____

PHYSICIAN SUPERVISION. A formal relationship between a bridge year graduate physician and a licensed physician under which the bridge year graduate physician is authorized to practice as evidenced by a written job description approved by the Board. Physician supervision requires that there shall be at all times a direct, continuing and close supervisory relationship between the bridge year graduate physician and the physician by whom that bridge year graduate physician is supervised. **The term supervision, at a minimum, shall include on-site supervision.**

2. Covering physicians: If covering physicians will be submitted, please submit the appropriate covering physician agreements.

3. Job description: Please submit the job description form.

4. Will the bridge year graduate physician be authorized to have prescription privileges for legend drugs?

Yes

No

If yes, attach completed formulary which is a list of legend drugs which are authorized by the supervising physician to be prescribed by the bridge year graduate physician. The formulary approved under the rules of the Board of Medical Examiners should be utilized and attached as the authorized legend drugs to be prescribed. The medication categories chosen should reflect the needs of the supervising physician's medical practice.

I hereby certify under penalty of law of the State of Alabama that the foregoing information in this document is correct to the best of my knowledge and belief. 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 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 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 _____