



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: Waiver Request Form

Supervising Physician _____ AL Med. Lic. Number _____

Bridge Year Graduate Physician _____ AL Permit Number _____

The Board, in its discretion, may waive the requirement of having applied for, but not been accepted into, an appropriate postgraduate or residency training program for the **first year** following medical school graduation.

A waiver may be requested by those applicants who are otherwise eligible, meet all other requirements for issuance of a bridge year graduate physician permit, and are no more than **two (2) years** post medical school graduation.

The waiver request form must be submitted with the bridge year graduate physician permit application.

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 _____