



## ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Post Office Box 946  
Montgomery, Alabama 36101-0946

William M. Perkins, Executive Director

Phone (334) 242-4116  
Email [bme@albme.gov](mailto:bme@albme.gov)

### **Instructions for the Alabama Temporary Emergency Assistant to Physician License**

Assistants to Physicians wishing to provide medical care for inpatients in Alabama general acute care, critical access, or specialized hospitals suffering from and affected by Severe Adult Respiratory Syndrome-Coronavirus-2 (SARS-Co V-2) and the disease known as COVID-19 that meet certain criteria may apply for a Temporary Emergency Assistant to Physician License.

A Temporary Emergency Assistant to Physician License will expire 120 days after the effective date of the emergency rule or when Governor Ivey lifts the State of Emergency, or whichever comes sooner.

#### **Eligibility Requirements:**

- Possession of a full and unrestricted license an assistant to physician license in another state, the District of Columbia, a territory of the United States, or a province of Canada
- For PAs, successful completion of a training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or its successor agency and successful completion of the PANCE as administered by the NCCPA
- For AAs, successful completion of a training program accredited by the Committee on Allied Health Education and Accreditation (CAHEA), or the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or their successor agencies and successful completion of the CEAA as administered by the NCCAA
- Has 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 health care
- Has never had his or her license to practice as an assistant to physician 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
- Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration
- Not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction
- Must be a U.S. Citizen, national, or lawfully present alien
- Written verification provided to the Board directly from the hospital administrator or chief of the medical staff of a general acute care hospital, a critical access hospital, or a specialized hospital licensed as such by the Alabama Department of Public Health stating that the applicant will provide medical care to patients in inpatient units, emergency departments, or other acute care units and that the facility is providing care to persons suffering from and affected by SARS-CoV-2 and the disease known as COVID-19.

Applicants must request a letter of verification be sent from a general acute care, critical access, or specialized hospital directly to the Board via email. 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 email address below:

**PAAADept@albme.gov**

**Once your application has been submitted, please allow 48 hours for the processing and issuance of the Temporary Emergency Assistant to Physician License.**



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**Application for Temporary Emergency Physician Assistant License**

To apply for an emergency license to practice as a Physician Assistant 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: \_\_\_\_\_  
###-##-####

**Education:**

Physician Assistant Training Program: \_\_\_\_\_  
Full Name of Program (no abbreviations or acronyms)

(Training program must be accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor agency)

Completion date: \_\_\_\_\_  
(mm/dd/yyyy)

(Physician Assistants must have successfully completed the Physician Assistant National Certification Examination as administered by the National Commission on Certification of Physician Assistants)

Date PANCE taken: \_\_\_\_\_

Date of original certification with NCCPA: \_\_\_\_\_

NCCPA ID Number: \_\_\_\_\_

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

If licensed in multiple states, only use one.

License Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_  
(mm/dd/yyyy)

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

Licensing State/District/Territory/Province: \_\_\_\_\_

**Affirmations:**

- I. I hereby swear (affirm) that I currently possess a full and unrestricted license to practice as a physician assistant 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.

\_\_\_\_\_  
Initial

- II. 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.

\_\_\_\_\_  
Initial

- III. I hereby swear (affirm) that my physician assistant 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.

\_\_\_\_\_  
Initial

- IV. 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.

\_\_\_\_\_  
Initial

- V. 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.

\_\_\_\_\_  
Initial

- VI. I hereby swear (affirm) that I will only practice medicine in Alabama to provide health care in a general acute care hospital, a critical access hospital, or a specialized hospital, licensed as such by the Alabama Department of Public Health, to persons suffering from and affected by SARS-CoV-2 and the disease known as COVID-19.

\_\_\_\_\_  
Initial

- VII. I hereby swear (affirm) that I am either (1) a United States citizen; (2) a national of the United States; or (3) an alien lawfully present in the United States.

\_\_\_\_\_  
Initial

I swear (affirm) that the information set forth in this application for an emergency Physician Assistant license is true and correct to the best of my knowledge, information, and belief.

Signature of Physician Assistant: \_\_\_\_\_ 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 is a violation of Ala. Code § 34-24-302(a)(8).**

**This application should be submitted to [PAAADept@albme.gov](mailto:PAAADept@albme.gov). Please allow 48 hours for the processing and issuance of the temporary emergency physician assistant license.**

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## **LIST A**

### **DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP**

1. The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver's identification card that the person has provided satisfactory proof of United States citizenship.
2. The applicant's birth certificate that satisfactorily verifies United States citizenship.
3. Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.
4. The applicant's United States naturalization documents or the number of the certificate of naturalization.
5. Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.
6. The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
7. The applicant's consular report of birth abroad of a citizen of the United States of America.
8. The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
9. The applicant's certification of report of birth issued by the United States Department of State.
10. The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
11. The applicant's final adoption decree showing the applicant's name and United States birthplace.
12. The applicant's official United States military record of service showing the applicant's place of birth in the United States.
13. An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.

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## LIST B

### DOCUMENT INDICATING STATUS OF QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk (\*).

#### **Qualified Aliens**

Evidence of “Qualified Alien” status includes the following:

- Alien lawfully admitted for permanent residence
- Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or unexpired temporary I-51 stamp in foreign passport or on \*Form I-94

#### **Asylee**

- \*Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA
- \*Form I-688B (Employment Authorization Card) annotated “274.a12(a)(50)”
- \*Form I-766 (Employment Authorization Document) annotated “A5”; grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or Order of an immigration judge granting asylum.

#### **Refugee**

- \*Form I-94 annotated with stamp showing admission under § 207 of the INA
- \*Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”
- \*Form I-766 (Employment Authorization Document) annotated “A3”

#### **Alien Paroled Into the U.S. for at Least One Year**

- \*Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

#### **Alien Whose Deportation or Removal Was Withheld**

- \*Form I-688B (Employment Authorization Card) annotated “274.12(a)(10)”
- \*Form I-766 (Employment Authorization Document) annotated “A10”; or Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

#### **Alien Granted Conditional Entry**

- \*Form I-94 with stamp showing admission under § 203(a)(7) of the INA
- \*Form I-688B (Employment Authorization Document) annotated “274a.12(a)(3)”
- \*Form I-766 (Employment Authorization Document) annotated “A3”

#### **Cuban/Haitian Entrant**

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6
- Unexpired temporary I-551 stamp in foreign passport or on \*Form I-94 with the code CU6 or CU7
- Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212(d)(5) of the INA

#### **Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty**

- U.S. Citizenship and Immigration Service petition and supporting documentation

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**DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt “qualified aliens” (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code § 31-13-1, *et. seq.* prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a Declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Ala. Code § 31-13-1, *et. seq.* also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

**Directions: This form must be completed and submitted by individuals applying for licenses or permits.**

**SECTION 1 --- APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
(Print or Type) (Last) (First) (M.I.)

MD / DO / PA License Number: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS**

Are you a citizen or national of the United States (check one)  Yes  No

If you answered **YES**: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered **No**: Complete Sections III and IV.

Name of document provided: \_\_\_\_\_

**SECTION III – ALIEN STATUS**

Are you an alien lawfully present in the United States?  Yes  No

If you answered **Yes**: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

Name of document provided: \_\_\_\_\_

If you answered **No**: Complete Section IV.

\_\_\_\_\_

**SECTION IV -- DECLARATION**

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE