## ALABAMA BOARD OF MEDICAL EXAMINERS

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

credentialing@albme.gov

## **MEDICAL SCHOOL CERTIFICATION**

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Certificate of Dean, President, or Registrar

It is hereby certified that			matriculated in	
	[applicant	name]	—	
	at	from	t	to
[medicine/osteopathy]	[name of school]	ſst	art date]	
	and received a diploma conferring th	e degree of Doctor of		
[end date]	-			
Medicine/Osteopathy on				
	[date]			
individual's medical education	ollowing questions apply to unusual c Please mark the correct response an estions require a copy of explanatory r	nd provide dates and requested in		
disciplinary probation?	ecord reflect that he/she was ever pla		Yes No	
unprofessional conduct/behav	ecord reflect that he/she was ever dis vioral reasons by the medical school o the written notification to the individu	r parent university?	Yes No	
requirements imposed on him disciplinary problems, or any	ecord reflect that there were any limita /her because of questions of academi other reason? i the written notification to the individu	ic or clinical incompetence,	Yes No	

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; credentialing@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.