CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 26th day of May, 2021, and filed with the agency secretary on the 14th day of June, 2021.

AGENCY NAME: Medical Licensure Commission of Alabama

______Amendment ______New X Repeal (Mark appropriate space)

Rule No. 545-X-2-.02
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Initial License Applications

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXIX
ISSUE NO. 6, AAM, DATED March 31, 2021.

Statutory Rulemaking Authority: Ala. Code § 34-24-311

(Date Filed)
(For LSA Use Only)

RECD & FILED
JUN 15 2021

LEGISLATIVE SVC AGENCY

George C. Smith, Sr., M.D., Chairman
Medical Licensure Commission of Alabama

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.)
545-X-2-02 Initial License Application. Repealed

Author: Unknown, Wallace D. Mills
History: Filed May 6, 1983. Repealed May 26, 2021
Effective date August 14, 2021
APPLICATION FOR LICENSE TO PRACTICE MEDICINE

NAME IN FULL: ____________________________________________________________

(Last Name) (First Name) (Middle Name)

HOME ADDRESS: __________________________________________________________

CITY: ________________________ STATE: _______ ZIP CODE: _____________

COUNTY: ________________________ TELEPHONE: (_____) ____________

TYPE OF PRACTICE: ______________________________________________________

PRACTICE ADDRESS: _____________________________________________________

_____________________________________________________________________

CITY: ________________________ STATE: _______ ZIP CODE: _____________

COUNTY: ________________________ TELEPHONE: (_____) ____________

EMAIL ADDRESS: _______________________________________________________

DATE: ______________ SIGNATURE: ______________________________________

Specify One: MD/DO License

Please specify the following:

Public Address: ☐ Home Address  ☐ Practice Address
Mailing Address: ☐ Home Address  ☐ Practice Address

LICENSE FEE $75.00
MAKE CHECK PAYABLE TO MEDICAL LICENSURE COMMISSION OF ALABAMA
OR PAY ONLINE AT albme.org

Rule 540-X-3-23, effective August 30, 1999 states that "a certificate of qualification
issued by the Board shall be withdrawn by the Board after a period of six (6) months
from the date of issuance unless the applicant has filed an application for a license to
practice medicine with the Medical Licensure Commission of Alabama and paid the
required fee.

Please notify the Commission within 15 days of a change of address

For Office Use Only:
Board Agenda - Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec