

APA-3
Revised 1/2018

**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)

REC'D & FILED

JUN 15 2021

LEGISLATIVE SVC AGENCY

George C. Smith Sr. MD

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 Repealed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

Statutory Authority: Code of Ala. 1975, §34-24-334.

History: Filed May 6, 1983. Repealed May 26, 2021
Effective date August 14, 2021

STATE OF ALABAMA
MEDICAL LICENSURE COMMISSION
POST OFFICE BOX 887
MONTGOMERY, ALABAMA 36101-0887

TELEPHONE
334-242-4153

EMAIL
MLC@ALMLC.ORG

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Rule 540-X-3-.23, effective August 30, 1999 states that "a certificate of qualification issued by the Board shall be withdrawn by the Board after a period of six (6) months from the date of issuance unless the applicant has filed an application for a license to practice medicine with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