

Alabama State Board of Medical Examiners and Medical Licensure Commission



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2020 BME ANNUAL REPORT

A.	Applicants Certified to the Medical Licensure Commission	
1.	Certificates of Qualification issued	3,172
a.	Full MD	1,134
b.	Full DO	172
i)	Full MD/DO applicants accepted Non-Disciplinary Citation with Administrative Charge ...	56
c.	Temporary Emergency License MD	1,509
d.	Temporary Emergency License DO	101
e.	Limited	236
f.	Retired Senior Volunteer	2
g.	Special Purpose	18
B.	Certificate of Qualification Renewals	
1.	Limited COQ renewal	437
2.	Retired Senior Volunteer renewal	5
C.	Interstate Medical Licensure Compact	
1.	Letters of qualification issued to other states	80
2.	Letters of qualification denied/withdrawn	17
D.	Alabama Controlled Substances Certificate	
1.	New Certificates issued	1369
2.	Temporary Emergency ACSCs issued	1520
3.	Expired Certificates reissued	336
4.	Certificates renewed	12,797
E.	Pain Management Services	
1.	New Registrations issued	91
a.	Initial Location	49
b.	Additional locations	42
2.	Expired Registration reissued	6
3.	Registrations renewed	544
a.	Initial location	440
b.	Additional location	104
F.	Physician Assistants	
1.	New physician assistant licenses issued	145
2.	Temporary Emergency PA licenses issued	34
3.	Expired physician assistant licenses reissued	18
4.	Physician assistant licenses renewed	1058
5.	Physician assistants registered to physicians (New)	281
6.	Total PA/Physician registrations	1026
7.	Physician assistants granted temporary license	10
8.	Temporary physician assistant licenses converted to full license	8
9.	Anesthesiologist assistant licenses issued	1
10.	Anesthesiologist assistant licenses renewed	20
11.	Anesthesiologist assistant granted temporary license	0
12.	Temporary anesthesiologist assistant licenses converted to full license	0
13.	Anesthesiologist registered to physicians (New)	1
14.	Total AA/Physician registrations	17
15.	New PA Qualified Alabama Controlled Substances Certificates issued	53

ANNUAL REPORT HIGHLIGHT

Licensed MDs and DOs by County

The data below is based upon practice addresses reported by MD and DO licensees with active, full licenses. It does not include licenses to practice across state lines, for postgraduate training, for state institutions, or Retired Senior Volunteers. The data does not reflect whether the licensees are full-time clinical practitioners.

County	MD	DO	Total	Population (2019)
Autauga	33	3	36	55,869
Baldwin	361	55	416	223,234
Barbour	17	3	20	24,686
Bibb	19	4	23	22,394
Blount	15	1	16	57,826
Bullock	6	1	7	10,101
Butler	12	0	12	19,448
Calhoun	164	12	176	113,605
Chambers	20	3	23	33,254
Cherokee	18	2	20	26,196
Chilton	25	1	26	44,428
Choctaw	13	2	15	12,589
Clarke	17	3	20	23,622
Clay	9	1	10	13,235

County	MD	DO	Total	Population (2019)
Cleburn	3	0	3	14,910
Coffee	51	12	63	52,342
Colbert	88	20	108	55,241
Conecuh	8	1	9	12,067
Coosa	1	0	1	10,663
Covington	47	8	55	37,049
Crenshaw	4	0	4	13,772
Cullman	120	13	133	83,768
Dale	20	7	27	49,172
Dallas	53	4	57	37,196
DeKalb	55	4	59	71,513
Elmore	33	1	34	81,209
Escambia	87	12	99	36,633
Etowah	209	14	223	102,268
Fayette	13	1	14	16,302
Franklin	16	2	18	31,362
Geneva	13	1	14	26,271
Greene	4	0	4	8,111

County	MD	DO	Total	Population (2019)
Hale	7	0	7	14,651
Henry	1	2	3	17,205
Houston	450	49	499	105,882
Jackson	57	3	60	51,626
Jefferson	4065	176	4,241	658,573
Lamar	2	0	2	13,805
Lauderdale	182	21	203	92,729
Lawrence	10	3	13	32,924
Lee	215	37	252	164,542
Limestone	65	9	74	98,915
Lowndes	4	0	4	9,726
Macon	11	0	11	18,068
Madison	1055	71	1,126	372,909
Marengo	19	2	21	18,863
Marion	33	5	38	29,709
Marshall	96	15	111	96,774
Mobile	1218	94	1,312	413,210
Monroe	14	1	15	20,733

County	MD	DO	Total	Population (2019)
Montgomery	628	65	693	226,486
Morgan	169	9	178	119,679
Perry	6	0	6	8,923
Pickens	6		6	19,930
Pike	31	3	34	33,114
Randolph	23	2	25	22,722
Russell	48	13	61	57,961
Saint Clair	34	3	37	217,702
Shelby	292	20	312	89,512
Sumter	7	1	8	12,427
Talladega	69	3	72	79,978
Tallapoosa	58	1	59	40,367
Tuscaloosa	474	30	504	209,355
Walker	76	6	82	63,521
Washington	5	1	6	16,326
Wilcox	2	0	2	10,373
Winston	13	3	16	23,629
Totals	10999	839	11,838	4,903,185

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16.	Temporary Emergency PA QACSC issued.....	17
17	Expired PA Qualified Alabama Controlled Substances Certificates reissued.....	0
18.	PA Qualified Alabama Controlled Substances Certificates renewed.....	180
19.	New PA Limited Purpose Schedule II Permits issued.....	32
20.	Expired PA Limited Purpose Schedule II Permits reissued.	1
21.	PA Limited Purpose Schedule II Permits renewed.....	121

G. Advanced Practice Nurses (CRNP / CNM)

1.	Collaboration Registrations issued	2,410
2.	Total number of Physician/Nurse collaborations	9,193
3.	Number of Physicians in Collaborations	3,366
4.	New APN Qualified Alabama Controlled Substances Certifications issued	383
5.	Expired APN Qualified Alabama Controlled Substances Certificates reissued.....	16
6.	APN Qualified Alabama Controlled Substances Certificates renewed	949
7.	New APN Limited Purpose Schedule II Permits issued ...	193
8.	Expired APN Limited Purpose Schedule II Permits reissued .	11
9.	APN Limited Purpose Schedule II Permits renewed	584
10.	Collaborative practice educational site visits	7
11.	Collaborative practice compliance seminars	0

H. Enforcement Issues

1.	Enforcement issues pending review prior to 2020	0
2.	Formal investigations pending from prior years	200
	(As adjusted from the 2019 Annual Report)	
a.	Investigations resolved.....	120
b.	Investigations pending resolution	80
3.	Enforcement issues 2020.....	357
	Prescribing related	46
a.	Issues resolved without formal investigation.....	18
b.	Issues referred for formal investigation/Resolved .	87
c.	Issues referred for formal investigation/Pending .	189
d.	Issues referred for other resolution	61
e.	Issue pending review	2
4.	All formal investigations and issues pending resolution (2019 and prior)	271

I. Disciplinary / Confidential Actions

1.	ACSC / QACSC surrender / revocation / restriction / reinstatement.....	10
2.	ACSC restriction terminated	2
3.	Certificate of Qualification denied.....	1
4.	Certificate of Qualification surrendered	5
5.	Letters of Concern	55
	Prescribing related	10
6.	Interviews conducted	36
7.	Voluntary Agreements entered into	8
	Prescribing related	2

8.	Voluntary agreements terminated	2
9.	Voluntary Restriction on Certificate of Qualification entered into	3
10.	Voluntary Restriction terminated	0
11.	Licensee's file flagged	1
12.	ABME Physician Monitoring Program-Licensees currently monitored.....	147
13.	ABME Physician Monitoring Program-Licensees monitored since 1990	1637
14.	Non-disciplinary Board Orders	15
a.	Continuing medical education	13
	Prescribing related	6
b.	Evaluation	2
15.	Cases sent for expert review	9
16.	Administrative Complaints filed with the Medical Licensure Commission.....	25
17.	Administrative Complaints with Petition for Summary Suspension of Medical License filed with the Medical Licensure Commission.....	3
a.	Dismissed	1
b.	Pending.....	2
18.	Notice to Contest Reinstatement Filed with the Medical Licensure Commission	1
19.	Administrative fines (ABME and MLC).....	26
20.	Administrative costs (ABME and MLC)	17

PROPOSED RULE AMENDMENT – USE OF CHAPERONES



In November 2020, the Board published a proposed amendment to Board Rule 540-X-9-.08, Sexual Misconduct in the Practice of Medicine, regarding the use of chaperones. The Board had noted an increase in complaints against licensees concerning professional boundaries issues and sought to strengthen the chaperone requirement for protection of both the patient and the physician.

The amendment required the presence of a chaperone during **all physical exams or procedures involving the breasts or genitals, irrespective of the genders of the physician and patient.**

The current rule states that a physician should have a chaperone present during the examination of “any sensitive parts of the body.”

In light of concerns raised by physicians and others about the practicality and feasibility of complying with the proposed chaperone requirement, the Board temporarily withdrew the proposed amendment on March 17, 2021. The Board has received comments from interested parties and is performing further research and evaluation of chaperone requirements that will increase patient safety.

The Board will continue to place the highest priority on patient safety and trust and is committed to finding a workable solution that will protect patients and physicians.

HOW THE BOARD CONDUCTS INVESTIGATIONS

By: Edwin Rogers, Chief Investigator

Alabama law grants to the Board the authority to investigate its licensees and registrants and to determine whether any laws or rules have been violated. The most common reason for the Board to begin an investigation is the receipt of a patient complaint or information from an outside source such as a pharmacist, insurance company, or hospital. The Board can also initiate an investigation on its own.

When a complaint is received, it is reviewed to determine its legitimacy and whether it falls within the Board's jurisdiction to investigate. If it does not, a case is not opened, and the complainant is informed that the Board does not have the authority to investigate the matter.

An investigation begins with an interview of the complainant. The Board investigator then meets with the physician, in person whenever possible, to serve a copy of the written complaint, explain the allegations, and answer any questions. The physician is asked to provide a written response to the complaint and medical records, where applicable. The Board is comprised of licensed physicians and expects a medically detailed response. The investigator may also obtain information from other physicians, pharmacies, hospitals, insurance companies, etc.

Once the investigation is complete, a report is prepared and placed on the Board's agenda for consideration. The Board's options include, but are not limited to, one or more of the following: notify the complainant that no basis for action was found; issue a confidential letter of concern if there was questionable behavior that did not rise to the level of discipline; continue the investigation to obtain additional information, including expert review; invite the physician to attend a committee meeting to discuss the complaint; order the physician to complete remediation or to submit to an assessment/evaluation; and/or file disciplinary charges against the physician.

The Board is charged with assuring, to the extent possible, safe and competent medical care for Alabama patients. When the quality of medical care or the ethics or morality of a physician is questionable, the Board must investigate the issue to ascertain the truth. If an event occurred that could have been handled differently, and perhaps better, the Board will use the occasion to try to educate the physician about how to avoid such problems in the future.

It is not pleasant to have your practice investigated. However, cooperation with the Board and an understanding of the process will facilitate a fair and expedient resolution of the matter.



BE AWARE OF TELEMEDICINE SCAMS

With the COVID-19 pandemic, conventional healthcare has undergone radical changes. One such change has been the mainstreaming of telehealth.

Originally restricted to rural areas, the federal government lifted multiple restrictions to promote a safer alternative to in-person healthcare with its attendant risks of COVID-19 and other disease transmission.

The Centers for Medicare and Medicaid Services also added multiple billing codes to facilitate the use of telehealth. This resulted in benefits for both the patient and the physician, improving safer access for patients and allowing for closer follow up. However, with new opportunities for physicians and patients come new opportunities for fraud.

Telemedicine essentially began in earnest in 2002, when Teladoc was founded out of Dallas, Texas, and became the first national telehealth provider. Soon, more companies came online as cash-pay options for patients who either could not get in with their PCP or did not want to wait to be worked in. The patients were evaluated by telephone or on a video platform, and the practitioner prescribed treatment, made a referral to a local provider, and/or offered reassurance.

Be Aware of Telemedicine Scams continued on page 7...

Then, some unscrupulous companies discovered a way to charge third-party payors for prescriptions to patients who never had an encounter with a physician, via telehealth or otherwise. The companies hired physicians to “review charts” and determine whether or not already written prescriptions were appropriate for the patients.

The prescriptions were usually for topical compounded pain creams, scar removal creams, and/or durable medical equipment. Multiple prescriptions per patient were submitted and reimbursed at astronomical rates -- usually thousands of dollars per patient for compounded creams or braces. There were multiple layers of fraud involved in these schemes. First, patients were often tricked into giving out their Medicare number by being offered something for free. Second, most patients never even asked for any of the products offered. Third, the patients often had no contact whatsoever with the prescribing physician.

Medicare eventually caught on to this scheme as multiple whistleblowers alerted them. Subsequently, multiple lawsuits were filed

by Medicare involving millions of dollars with all parties involved being named in the suit, including the pharmacies, telemedicine companies, and physicians. Specifically, the physicians were charged with healthcare fraud for prescribing unnecessary medications and prescribing medications without having seen the patient.



While there is a potential for fraud with respect to telemedicine, there certainly are benefits with this new technology. Telemedicine drastically increases access to specialists for patients who live in rural areas or have limited access to transportation. In addition, as during this pandemic, telemedicine provides a safer alternative to routine medical care. However, physicians must be vigilant against potential fraudulent actors that drain financial resources and can harm patients. In

particular, be aware that in most cases, there must be direct patient interaction via audio/video prior to considering any treatment or prescriptions. A telephone conversation or an online questionnaire is not sufficient for quality of care and, perhaps unknowingly, opens the door to committing serious fraud.

IN ADDITION TO HOLDING MEDICAL LICENSES, PHYSICIANS ARE REQUIRED TO REGISTER WITH THE BOARD WHEN PERFORMING CERTAIN PROCEDURES.

OFFICE-BASED SURGERY

The Board requires registration of certain physicians who perform surgery outside of a hospital or outpatient facility.

What is office-based surgery?

- Surgery performed outside a hospital or outpatient facility licensed by the Alabama Department of Public Health.
- Definition of “surgery” -- the revision, destruction, incision, or structural alteration of human tissue performed using a variety of methods and instruments.
- Can include non-surgical procedures if moderate sedation, deep sedation, or general anesthesia is used.
- Includes surgery using local anesthesia, minimal sedation, moderate sedation/analgesia, deep sedation/analgesia, and general and regional anesthesia.
- Includes procedures in which Propofol is administered, given, or used.
- Includes liposuction when infiltration methods such as the tumescent technique are used

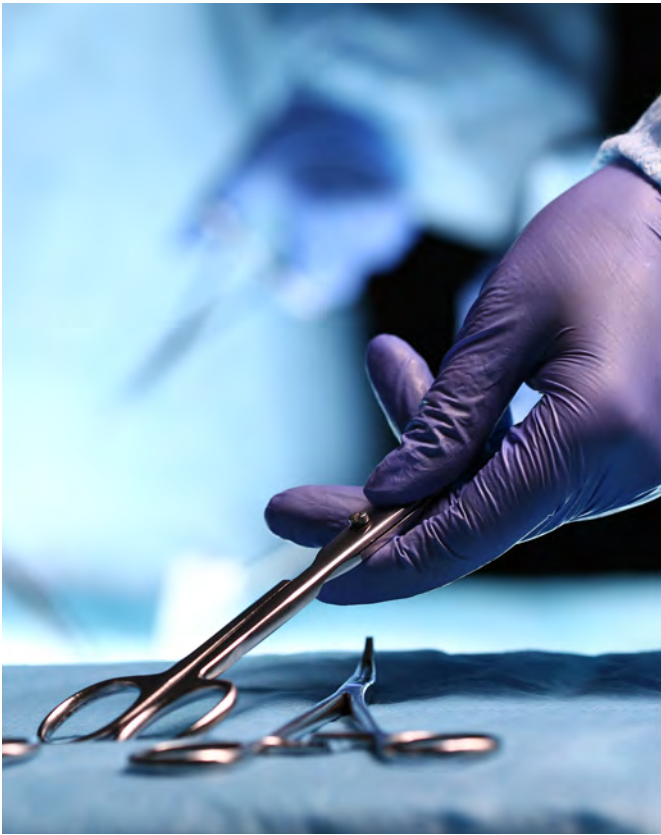
WHO IS REQUIRED TO REGISTER WITH THE BOARD?

- Licensed physicians who maintain a practice location in Alabama and perform or offer to perform any office-based surgery/procedure which requires moderate sedation, deep sedation, or general anesthesia.
- Licensed physicians who maintain a practice location in Alabama and perform or offer to perform any office-based surgery/procedure in which Propofol is administered, given, or used.
- Licensed physicians who maintain a practice location in Alabama and perform or offer to perform liposuction when infiltration methods such as the tumescent technique are used.

Registration

- Registration is accomplished online only using the OBS Registration located under the Licensee Portal.
- If your address or status as an office-based procedures physician changes, you should notify the Board in writing.
- Free registration renewal is accomplished through the Licensee Portal concurrently with license renewal (Oct. - Dec. of each year)

OBS and Laser Registrations continued on page 9...



BOARD REQUIREMENTS

- Board Rules, Chapter 540-X-10, set forth the requirements for office-based surgery at each level of anesthesia. See sections .04 through .08.
- Physicians performing office-based surgery should carefully consider the expected level of anesthesia to be used and register with the Board where appropriate.
- Events required to be reported to the Board:
 - o All surgical related deaths and all events related to the procedure that resulted in an emergency transfer of the surgical patient to the hospital,
 - o Anesthetic or surgical events requiring CPR.
 - o Unscheduled hospitalization related to the surgery.
 - o Surgical site deep wound infection ([click here for adverse event reporting form](#)).
- See Section .10 of Chapter 540-X-10 for the written documents and policies and procedures encouraged by the Board.

USE OF LASERS AND OTHER MODALITIES

The use of lasers/pulsed light devices, or any energy source, chemical, or other modality that affects living tissue (when referring to the skin, anything below the stratum corneum), whether applied for surgical, therapeutic, or cosmetic purposes, is the practice of medicine.

The Board has developed guidelines for the use of these devices and requires registration of physicians using them in their medical practices.

RULES AND REGISTRATION

Board Rules, Chapter 540-X-11:

- Provide guidelines for the use of lasers and other modalities affecting living tissue.
- Provide for delegation of non-ablative procedures (ablative procedures may only be performed by a physician and may not be delegated).
- Require physician registration with the Board (registration form). There is no fee for this registration.
- Require reporting of adverse events (reporting form).

Rules Do Not Apply To

- Persons licensed to practice chiropractic, dentistry, occupational therapy, optometry or physical therapy if the device that affects living tissue is used exclusively for the practice of those branches of the healing arts.
- Persons practicing “body art” as defined by the Department of Public Health.
- Persons using these devices in hospitals.

USE OF SOCIAL MEDIA AND ELECTRONIC COMMUNICATIONS – TRAPS AND PITFALLS

By: Patrick O'Neill, MD

With the significant increase of physicians and the public in general using social media in recent years, there has also been an increase in accusations of unprofessional conduct against physicians and other healthcare practitioners in their use of such platforms. Participation in social media is, for many, a personal activity. However, due to the potential impact on a physician's practice, the care of their patients, and the profession as a whole, personal use can often extend into the professional domain.

The Board has adopted the Federation of State Medical Boards' April 2019 policy on social media and electronic communications. Some recommendations are:

- Do not disclose identifiable patient health information without the express written consent of the patient.
- Maintain appropriate professional boundaries with patients and colleagues.
- Consider all online content as open and accessible to anyone and permanent, even after it has been deleted.
- When discussing general medical issues online, identify yourself as a physician, do not misrepresent your training, expertise, or credentials, and avoid commenting on controversial topics such as abortion or vaccines.

TRAPS AND PITFALLS TO AVOID

- Connecting with patients through personal accounts.
- Posting while emotional or under the influence of alcohol.
- Participating in heated exchanges on any topic and commenting in a disruptive manner.
- Responding to online harassment personally or professionally.

It is recommended that you always comment online as if you were commenting publicly in your professional or personal capacity, and by doing so you will avoid the possibility of serious repercussions for unprofessional online conduct.



REPORT OF PUBLIC ACTIONS OF THE MEDICAL LICENSURE COMMISSION AND BOARD OF MEDICAL EXAMINERS

Mission: The Alabama Board of Medical Examiners and the Medical Licensure Commission are charged with protecting the health and safety of the citizens of the state of Alabama.

BME - January 2021

- On Jan. 27, the Board issued an order removing all restrictions on the Alabama Controlled Substances Certificate of Odeane H. Connor, MD, lic. no. MD.23743, Gadsden AL.
- On Jan. 20, the Board accepted the voluntary surrender of the medical license and Alabama Controlled Substances Certificate of Seydi V. Aksut, MD, lic. no. MD.19165, Selma, AL.
- Effective Jan. 20, the certificate of qualification and medical license of Jeffrey Coykendall, MD, lic. no. MD.42202, Irondale AL, is subject to a Voluntary Restriction.
- On Jan. 20, the Board accepted the voluntary surrender of the medical license and Alabama Controlled Substances Certificate of Joseph A. Jackson, MD, lic. no. MD.25310, Spanish Fort, AL.

MLC - January 2021

- On Jan. 27, the Commission entered an order placing restrictions on the medical license of Jeffrey Coykendall, MD, lic. no.

MD.42202, Center Point AL.

- On Jan. 27, the Commission affirmed the Board's denial of the application of Iqbal I. Singh, MD, lic. no. MD.14549 to reinstate his previously voluntarily surrendered certificate of qualification.
- On Jan. 24, the Commission entered an order lifting the probation on the medical license of Judy O. C. Travis, MD, lic. no. MD.11061, Demopolis AL.

BME - February 2021

- Effective Feb. 24, the Alabama Controlled Substances Certificate of Bruce W. Russell, MD, lic. no. MD.4253, Sumiton AL, is revoked.
- On Feb. 17, the Board denied the application of Hardik Patel, DO, Tifton GA, for a certificate of qualification to practice medicine.
- On Feb. 17, the Board accepted the voluntary surrender of the certificate of qualification and medical license of Philip M. Wakefield, MD, lic. no. MD.12686, Florence AL.

MLC - February 2021

- On Feb. 24, the Commission entered an Order reprimanding the medical license of Kathleen A. Cullen, MD, lic. no. MD.32673, Seminole FL, assessing an administrative fine, requiring continuing medical education, and restricting her from entering into a collaborative practice with or employ/supervise an advanced practice provider.
- On Feb. 24, the Commission entered a Consent Order placing on probation the

medical license of George E. S. Hipp, MD, lic. no. MD.28785, Vestavia AL.

- On Feb. 2, the Commission issued an order returning to full, unrestricted status the medical license of Oliver W. Crawford, Jr., MD, lic. no. MD.28100, Ozark AL.

BME - March 2021

- Effective Mar. 12, the medical license of Ijeoma Okeke, DO, lic. no. DO.2514, Selma AL, is subject to a voluntary restriction.
- On Mar. 12, Spogmai Wassimi, MD, lic. no. MD.42316, Birmingham AL, entered in to a voluntary restriction on her medical license.

MLC - March 2021

- On Mar. 26, the Commission reinstated to full, unrestricted status the medical license of Thomas J. Seglio, DO, lic. no. DO.1222, Pascagoula MS.
- Effective Mar. 19, the medical license of Thomas D. Nielsen, MD, lic. no. MD.26107, Denville AL, is revoked.
- On Mar. 15, the Commission entered an order restricting the medical license of Spogmai Wassimi, MD, lic. no. MD.42316, Birmingham AL.
- On Mar. 12, the Commission entered an order restricting the medical license of Ijeoma Okeke, DO, lic. no. DO.2514, Selma AL.
- Effective Mar. 4, the medical license of Willie J. Chester, Jr., DO, lic. no. DO.138, Pike Road AL, is restored to full, unrestricted status.



Alabama State Board of Medical Examiners

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Upcoming BME Meeting Dates

April 15 & 17 • May 19 • June 17 • July 21

The public portion of each meeting is scheduled for 10 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL.

Meeting agendas and a full list of meeting dates and times can be found online at www.albme.org.

Upcoming MLC Meeting Dates

April 21 • May 26 • June 23 • July 28

Meetings are held in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL unless otherwise indicated.

Have questions or need assistance?

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About MedicalDigest...

MedicalDigest is the official publication of the Alabama Board of Medical Examiners and Medical Licensure Commission. It is published four times per year.

Past issues are archived and available on the Board's website at www.albme.org and listed as **Newsletter and Report**.

Questions? Please contact the Board of Medical Examiners at (334) 242-4116.