

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-3, Appendix A
Rule Title: Application for Certificate of Qualification to Practice Medicine in Alabama

X New Amend X Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer William A. Perkins

Date: October 20, 2022

REC'D & FILED

OCT 20 2022

LEGISLATIVE SERVICES AGENCY

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Appendix A, Application for Certificate of Qualification to Practice Medicine

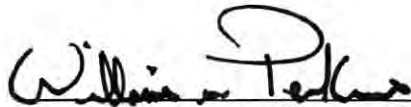
INTENDED ACTION: Repeal and replace the rule

SUBSTANCE OF PROPOSED ACTION: Application was amended to clarify and expound upon background questions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger


(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

NEW

540-X-3, Appendix A

Application for Certificate of Qualification
to Practice Medicine in Alabama

Under Alabama law, this document is a public record and will be provided upon request.

Application is made via the Federation of State Medical Boards' Uniform Application (<https://web.archive.org/web/20220621041332/https://www.fsmb.org/uniform-application/>).

Required demographic information:

Please DO NOT provide contact information for office managers, assistants, or license assistance companies.

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Provide a brief description and the location of your intended medical practice in the State of Alabama.

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?
3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?
4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?
6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?
7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
11. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

12. Within the past five years, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

15. Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program?

16. Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination?

17. Have you ever been disciplined for unprofessional conduct/behavior reasons by a **medical school or postgraduate program?**
18. Pre-Medical education: List all schools attended, undergraduate and post-graduate education other than medical school, dates attended, and degree conferred.
19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.
20. Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.
21. Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.
22. Original full license (if applicable): Provide name of state/territory, date issued, license number, and examination taken.
Has this license been the subject of any disciplinary action?
If yes, please provide summary and supporting documentation.
23. List all states where you have been licensed to practice medicine.
List all licenses including training or educational licenses.
24. List all Hospital privileges: List all hospitals where you have held staff privileges of any type, providing dates, hospital names, and complete addresses.

Specialty/Examinations

25. Specialty (if applicable): (choose from list)
26. Specialty board certification: Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?
If yes, have your specialty board send verification to the Board.
27. Have you been certified or re-certified within the past ten years by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?
28. Have you successfully completed a written licensing examination within the last ten years (e.g., USMLE, NBOME, SPEX)?

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature
Photograph

Under Alabama law, this document is a public record and will be provided upon request.

The Alabama Board of Medical Examiners will enforce the Board's rules and option for the issuance of a Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.

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.

Date

Applicant's typed name

Rev. 01/23

* * * *

Medical School Certification

Certificate of Dean, President, or Registrar

It is hereby certified that [applicant name] matriculated in [medicine/osteopathy] at [name of school] from [start date] to [end date] and received a diploma conferring the degree of Doctor of Medicine/Osteopathy on [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please mark the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Signature of Dean, President, or Registrar

Dean's / President's / Registrar's typed name

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.

* * * *

Post Graduate Education Certificate

Certificate of Post Graduate Education Training

I, [name], [Administrator/Medical Education Director/Director of Residency Training Program] of [school/institution], certify that the records of this Program show that [applicant name] is currently enrolled in the [1st/2nd/3rd] year of post graduate training OR has successfully completed [number] year/years of post-graduate training* in this program from [date] to [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical competence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Type name

Signature of [Administrator of Hospital/Medical Education Director/Director of Residency Training] 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.

Date

Administrator's / Medical Education Director's/ Residency Training Program Director's typed name

Candidates who graduated from an LCME accredited medical school or AOA approved college of osteopathy need to have one (1) year certified.

Candidates who graduated from a non-LCME accredited medical school or non-AOA accredited college of osteopathy need to have three (3) years certified.

**"has completed ____ years of post-graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

* * * *

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:

Date of birth:

MD / DO / PA License Number (if applicable):

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

Are you a citizen or national of the United States (choose 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.

If you answered No: Complete Section IV.

Name of document provided: _____

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.

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 Board of Medical Examiners could result in disciplinary action.

Date

Upload supporting documentation

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.

Ala. Act #2011-535, Section 30(c) and Section 29(k).

LIST B

DOCUMENTS 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 (*).

a. "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-551 stamp in foreign passport or on * I Form-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)"; or
 - * 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 "274a.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)"; or
 - * 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;
- or
- 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

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-70

History: Repeal and replace approved November 16, 2017. Repeal and replace filed February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: February 20, 2019. Effective Date: May 31, 2019. Amended/Approved: December 11, 2019. Certified Filed: February 19, 2020. Effective Date: April 13, 2020.

REPEAL

540-X-3, Appendix A
Application for Certificate of Qualification
to Practice Medicine in Alabama

Alabama Board of Medical Examiners
PO Box 946
Montgomery AL 36101
848 Washington Avenue – 36104
(334) 242-4116

Under Alabama law, this document is a public record and will be provided upon request.

To the Alabama Board of Medical Examiners:

I hereby make application for a certificate to practice medicine in the state of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice:

Type in the following:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Answer yes or no (if any below answers are in the affirmative, please explain in detail and provide the complete name and address of any state board, hospital, psychiatrist/psychologist etc.):

1. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction)
2. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction)
3. Have you ever been cited for, charged with, or convicted of any violation of any law, felony or misdemeanor (excluding minor traffic violations such as speeding and

parking tickets), or are you required to register as a sex offender for any reason? (If yes, please provide the name of the agency, jurisdiction, and/or court along with the case number and incident date). NOTE: Include felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

4. Has your DEA registration or any state controlled substance certificate been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine; or has your DEA registration or any state controlled substance certificate been voluntarily surrendered while under investigation ?

5. Has your certificate of qualification or license to practice medicine in any state been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine; or has your certificate of qualification or license to practice medicine in any state been voluntarily surrendered while under investigation or under threat of discipline?

6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

7. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?

8. Have you ever had a judgment rendered against you or action settled relating to performance of your professional service?

9. To your knowledge, are you the subject of an investigation or proposed action by any licensing board/agency as of the date of this application?

10. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

12. Are you currently* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama).

If you answer "Yes," then a description is required.

IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical

professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

_____ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

13. Within the past five years, have you been convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

14. Has your medical education, training or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

15. Have you ever been placed on academic or disciplinary probation by a medical school or postgraduate program?

16. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?

17. Were you notified in writing that there were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education or postgraduate training, such as repeating a class or classes, taking time off from school to study for an examination?

Please provide the following information:

Please provide a brief description and the location of your intended medical practice in the State of Alabama:

Pre-Medical education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred

Medical education: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

Post-graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

Specialty(s): (choose from list)

Specialty board certification: Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? If yes, have your specialty board send verification to the Board.

Original full license (if applicable): Provide name of state/territory, date issued, license number, and examination taken.

Original full license (if applicable): Has this license been the subject of any disciplinary action? If yes, please provide summary and supporting documentation.

Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.

Hospital privileges: List all hospitals where you have held staff privileges of any type, providing dates, hospital names, and complete addresses.

State licensure: List all states where you have been licensed to practice medicine. .
List all licenses including training or educational licenses. .

SPEX: Have you successfully completed a written licensing examination within the last ten years?

Have you been certified or re-certified within the past ten years by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature

Photograph

Under Alabama law, this document is a public record and will be provided upon request.

The Alabama Board of Medical Examiners will enforce the Board's rules and option for the issuance of a Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.

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.

Date _____

Applicant's typed name _____

Alabama Board of Medical Examiners
PO Box 946, Montgomery AL 36101
848 Washington Ave 36104
licensing@albme.org
(334) 242-4116

Medical School Certification

Certificate of Dean, President, or Registrar

It is hereby certified that [applicant name] matriculated in [medicine/osteopathy] at [name of school] from [start date] to [end date] and received a diploma conferring the degree of Doctor of Medicine/Osteopathy on [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please mark the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Type Name

Signature of Dean, President, or Registrar

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.

Date-----

Dean's / President's / Registrar's typed name_____

Instructions to individual completing this form: Please fill in all applicable places and return to the Alabama Board of Medical Examiners at the above physical or email address (email must originate from school/institution domain). Please do not send this certification back to the applicant because the Board will not consider this certificate unless it is received directly from the institution.

Alabama Board of Medical Examiners
PO Box 946, Montgomery AL 36101
848 Washington Ave 36104
licensing@albme.org
(334)- 242-4116

Post Graduate Education Certificate

Certificate of Post Graduate Education Training

I, [name], [Administrator/Medical Education Director/Director of Residency Training Program] of [school/institution], certify that the records of this Program show that [applicant name] is currently enrolled in the [1st/2nd/3rd] year of post graduate training OR has successfully completed [number] year/years of post-graduate training* in this program from [date] to [date].

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual.

Does this individual's record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that he/she was ever notified in writing that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical competence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

[Date]

Type name

Signature of [Administrator of Hospital/Medical Education Director/Director of Residency Training] 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.

Date _____

Administrator's / Medical Education Director's/ Residency Training Program Director's
typed name _____

Candidates who graduated from an LCME accredited medical school or AOA approved college of osteopathy need to have one (1) year certified.

Candidates who graduated from a non-LCME accredited medical school or non-AOA accredited college of osteopathy need to have three (3) years certified.

*"has completed ____ years of post-graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

Instructions to individual completing this form: Please fill in all applicable places and return to the Alabama Board of Medical Examiners at the above physical or email address (email must originate from school/institution domain). Please do not send this certification back to the applicant because the Board will not consider this certificate unless it is received directly from the institution.

Declaration of citizenship:

ALABAMA BOARD OF MEDICAL EXAMINERS

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:

Date of birth:

MD / DO / PA License Number (if applicable):

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

Are you a citizen or national of the United States (choose 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.

If you answered No: Complete Section IV.

Name of document provided: _____

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.

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 Board of Medical Examiners could result in disciplinary action.

Date

Upload supporting documentation

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.

Ala. Act #2011-535, Section 30(c) and Section 29(k).

LIST B

DOCUMENTS 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 (*).

a. "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-551 stamp in foreign passport or on * I Form-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)"; or
* 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 "274a.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)"; or
* 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;

or

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

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-70

History: Repeal and replace approved November 16, 2017. Repeal and replace filed February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: February 20, 2019. Effective Date: May 31, 2019. Amended/Approved: December 11, 2019.

Certified Filed: February 19, 2020. Effective Date: April 13, 2020.

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-3, Appendix B
Rule Title: Application for a Limited Certificate of Qualification to Practice Medicine in Alabama

X New Amend X Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer William M. Perkins

Date: October 20, 2022

REC'D & FILED

OCT 20 2022

LEGISLATIVE SVC AGENCY

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Appendix B, Application for a Limited Certificate of Qualification to Practice Medicine

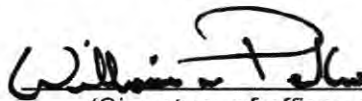
INTENDED ACTION: Repeal and replace the rule

SUBSTANCE OF PROPOSED ACTION: Application was amended to clarify and expound upon background questions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

NEW

540-X-3, Appendix B
Application for a Limited
Certificate of Qualification

Application for Certificate of Qualification
to Practice Medicine in Alabama Without Examination

Under Alabama law, this document is a public record and will be provided upon request.

Application is made through the school, program, or institution.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Name of Institution

Type of license (check one): Resident Fellow Distinguished Professor Specialty
Professor Visiting Professor State Institution

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed,

expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?
3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?
4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?
6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?
7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
11. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed

termination by an educational institution; employer; government agency; professional organization; or licensing authority?

12. Within the past five years, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child? If yes, please provide a brief explanation.

15. Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program?

16. Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination?

17. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?

18. Pre-Medical education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred.

19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

20. Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

21. Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.

22. Have you successfully completed a written licensing examination?

If yes, please choose: ABMS or AOA board certification exam; USMLE; COMLEX; Other

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature

Photograph

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.

Date

Applicant's typed name

Attach or upload Photograph

Certification of Institution: This is to certify that the aforementioned individual is making application for a limited certificate of qualification at this institution.

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.

Date

Name of Dean-School of Medicine, Director-Residency Training Program,
Warden/Medical Director

Print application, attach a recent photograph of yourself, have Dean-Medical School, Director-Residency Training Program, or Warden/Medical Director sign, and return original to the Alabama Board of Medical Examiners.

Rev. 01/23

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-75

History: Repeal and replace approved November 16, 2017. Repeal and replace filed:

February 27, 2018. Effective Date: April 13, 2018. Approved: December 12, 2018.

Amended Filed: December 13, 2018. Certified Filed: February 20, 2019. Effective

Date: April 8, 2019. Amended/Approved: December 11, 2019. Certified Rule Filed:

February 19, 2020. Effective Date: April 13, 2020.

REPEAL

Alabama Board of Medical Examiners
PO Box 946
Montgomery AL 36101
848 Washington Avenue – 36104
(334) 242-4116

To the Alabama Board of Medical Examiners:

I hereby make application for a limited certificate of qualification to practice medicine in the state of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice:

Type in the following:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Home Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Name of Institution

Type of license (check one): Resident Fellow Distinguished Professor Specialty
Professor Visiting Professor State Institution

Answer yes or no. If any below answers are in the affirmative, please explain in detail and provide the complete name and address of any state board, hospital, psychiatrist/psychologist, etc.

1. Have you ever been convicted of a felony? (If yes, please provide the name of the court of record or a copy of the record of conviction)
2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction)

3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction)

4. Has your DEA registration or any state controlled substance certificate been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine, or has your DEA registration or any state controlled substance certificate been voluntarily surrendered while under investigation?

5. Has your certificate of qualification or license to practice medicine in any state been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine, or has your certificate of qualification or license to practice medicine in any state been voluntarily surrendered while under investigation or under threat of discipline?

6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

7. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or a license to practice medicine in any state been withdrawn under threat of denial?

8. Have you ever had a judgment rendered against you or action settled relating to performance of your professional service?

9. To your knowledge, are you the subject of an investigation or proposed action by any licensing board/agency as of the date of this application?

10. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer, government agency; professional organization; or licensing authority?

11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

12. Are you currently* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama).

If you answer "Yes," then a description is required.

IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and

safety to patients, can result in the Board taking action against the license to practice medicine.

_____ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

13. Within the past five years, have you been convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

14. Has your medical education, training or practice been interrupted or suspended or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

Pre-medical education: List all schools attended, undergraduate and post-graduate work (other than medical school), dates attended, and degree conferred.

Medical education: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

Post-graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

List all activities following medical school excluding the post-graduate medical training provided above

Have you taken and passed a written licensing examination?

You answered yes, please choose: ABMS or AOA board certification exam USMLE COMLEX Other

Date

Release:

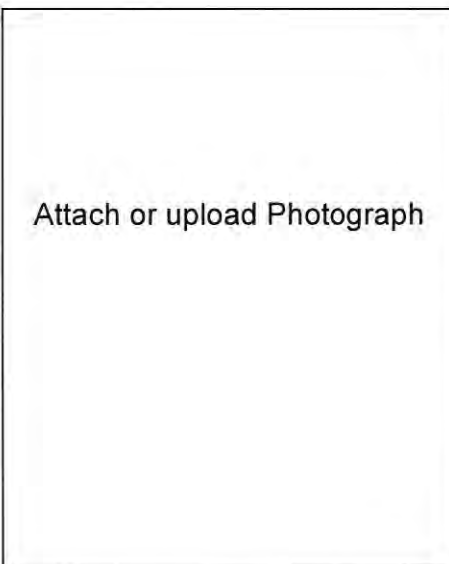
I, [name prints here], certify, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical

Examiners and I release this individual or organization from any liability for the release of information.

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.

Date_____

Applicant's typed name_____



Certification: This is to certify that the aforementioned individual is making application for a limited certificate of qualification at this institution.

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.

Date_____

Type name of Dean-School of Medicine, Director-Residency Training Program,
Warden/Medical Director

Under Alabama law, this document is a public record and will be provided upon request.

Print application, attach a recent photograph of yourself, have Dean-Medical School, Director-Residency Training Program, or Warden/Medical Director sign, and return original to the Alabama Board of Medical Examiners.

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-75

History: Repeal and replace approved November 16, 2017. Repeal and replace filed: February 27, 2018. Effective Date: April 13, 2018. Approved: December 12, 2018.

Amended Filed: December 13, 2018. Certified Filed: February 20, 2019. Effective Date: April 8, 2019. Amended/Approved: December 11, 2019. Certified Rule Filed: February 19, 2020. Effective Date: April 13, 2020.

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-3, Appendix C
Rule Title: Application for a Certificate of Qualification under the Retired Senior Volunteer Physician Program (RSVP)

X New Amend X Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer William A. Parker REC'D & FILED

Date: October 20, 2022 OCT 20 2022

LEGISLATIVE SVC AGENCY

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Appendix C, Application for a Certificate of Qualification Under the Retired Senior Volunteer Program (RSVP)

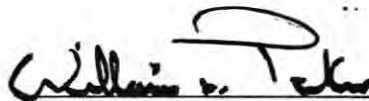
INTENDED ACTION: Repeal and replace the rule

SUBSTANCE OF PROPOSED ACTION: Application was amended to clarify and expound upon background questions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

A handwritten signature in black ink, appearing to read "William R. Tucker", is written over a horizontal line.

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

NEW

540-X-3, Appendix C
Application for a Certificate of Qualification under the Retired
Senior Volunteer Physician Program (RSVP)

Application for a Certificate of Qualification under the Retired Senior Volunteer Physician
Program (RSVP)

Under Alabama law, this document is a public record and will be provided upon request.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?
If yes, please provide

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

11. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

12. Within the past five years, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*The term “currently” does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough that the condition referred to may have an ongoing impact on one’s functioning as a physician within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer “No” to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. **IMPORTANT:** The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty **as a licensee to address any such condition as stated above.**

Education/Training/Experience:

14. **Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?**

15. **Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program?**

16. **Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination?**

17. **Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?**

18. **Pre-Medical education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred.**

19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

20. Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

Certification:

1. I hereby certify that I am now or was licensed to practice medicine in the states of [list states], that my license to practice medicine in each of the states indicated is now or was on the date of expiration unrestricted and in good standing and that there are no currently pending disciplinary actions or investigations concerning my license in any of the states listed above. I further certify that my license to practice medicine in the states listed above has never been revoked, suspended, placed on probation, or otherwise subject to disciplinary action and that I have not had my hospital medical staff privileges revoked, suspended, curtailed, limited, or surrendered while under investigation.
2. I certify that I am fully retired from the active practice of medicine; however, I wish to volunteer my services as a physician in a free medical clinic located in [city], Alabama, and it is my expectation that I will provide not less than 100 hours of voluntary services for the calendar year [year].
3. I understand and acknowledge that issuance of a certificate of qualification and license to practice medicine under the Retired Senior Volunteer Physician Program requires that I comply with the continuing medical education requirement for physicians as specified in Chapter 14 of the rules of the Alabama Board of Medical Examiners.

Release:

I, [name prints here], certify, that all of the information supplied in the submitted application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

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.

Applicant's typed name

Attach Photograph
If one was not uploaded

Print or upload signed affidavit and release, attach color picture if not uploaded, and return original to the Alabama Board of Medical Examiners.

Declaration of citizenship

ALABAMA BOARD OF MEDICAL EXAMINERS 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:

Date of birth:

MD / DO / PA License Number (if applicable):

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

Are you a citizen or national of the United States (choose 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.

If you answered No: Complete Section IV.

Name of document provided:

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

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.
- Ala. Act #2011-535, Section 30(c) and Section 29(k).

LIST B

DOCUMENTS 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 (*).

a. "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-551 stamp in foreign passport or on * I Form-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)"; or

* 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 "274a.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)"; or
- * 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;

or

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

(Letterhead)

CERTIFICATION OF FREE CLINIC

DATE: _____

TO: State Board of Medical Examiners

This is to certify that _____, M.D./D.O. has
agreed to perform no fewer than 100 hours of voluntary professional services annually
at the _____, located at _____,
(Clinic Name)
Alabama, which is an established free medical clinic operating under the provisions of
Ala. Code §6-5-660 and provides outpatient medical care to patients unable to pay
for it.

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.

Clinic or Facility Administrator

Address

Telephone

Facsimile

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-75.1

History: Repeal and replace approved November 16, 2017. Repeal and replace filed February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: June 20, 2019.

Effective Date: December 17, 2018. Amended/Approved: December 11, 2019.

Certified Rule Filed: February 19, 2020. Effective Date: April 13, 2020.

540-X-3, Appendix C
Application for a Certificate of Qualification under the Retired
Senior Volunteer Physician Program (RSVP)

REPEAL

Alabama Board of Medical Examiners
PO Box 946
Montgomery AL 36101
848 Washington Avenue – 36104
(334) 242-4116

Application for a Certificate of Qualification under the Retired Senior Volunteer Physician Program (RSVP)

To the Alabama Board of Medical Examiners:

I hereby make application for a limited certificate of qualification to practice medicine in the state of Alabama under the RSVP, and submit the following statement concerning my age, moral character, preliminary and medical education and practice:

Type in the following:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Contact Information

The address and contact methods provided should be how the Board or Commission can contact the license applicant directly. Please DO NOT provide contact information for office managers, assistants, or license assistance companies.

Address

Answer yes or no (if any following answers are in the affirmative, please explain in detail and provide the complete name and address of any psychiatrist/psychologist, state board, hospital, etc.):

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?

3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?
4. Has your DEA registration or any state controlled substance certificate been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine; or has your DEA registration or any state controlled substance certificate been voluntarily surrendered while under investigation ?
5. Has your certificate of qualification or license to practice medicine in any state been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine; or has your certificate of qualification or license to practice medicine in any state been voluntarily surrendered while under investigation or under threat of discipline ?
6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
7. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?
8. Have you ever had a judgment rendered against you or action settled relating to performance of your professional service?
9. To your knowledge, are you the subject of an investigation or proposed action by any licensing board/agency as of the date of this application?
10. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?
11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
12. Are you currently* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama).

If you answered Yes, a description is required.

*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable

skill and safety to patients, can result in the Board taking action against the license to practice medicine.

Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

13. Within the past five years, have you been convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?
14. Has your medical education, training or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

Education Information

When entering dates attended in the education sections if you don't know the exact date use the first date of the month. (Example: you attended from August 1990 – July 1994, Enter 08/01/1990 – 07/01/1994)

Pre-Medical education

List all schools attended, undergraduate work other than medical school, dates, attended, and degree conferred.

School Name

State Date

End Date

Degree Received

Medical education

List all medical Schools attended, dates, and complete addresses of institutions. Do Not list post-graduate medical education training.

Medical School Name

Start Date

End Date

Street Address

Suite

City

State

Zip

Country

Post-graduate medical education training

List all post-graduate medical education training since graduation from medical school, dates, and complete address of institutions. DO NOT list practice experience.

Facility Name

Start Date

End Date

Street Address

Suite

City

State

Zip

Country

Certification:

1. I hereby certify that I am now or was licensed to practice medicine in the states of [list states], that my license to practice medicine in each of the states indicated is now or was on the date of expiration unrestricted and in good standing and that there are no currently pending disciplinary actions or investigations concerning my license in any of the states listed above. I further certify that my license to practice medicine in the states listed above has never been revoked, suspended, placed on probation, or otherwise subject to disciplinary action and that I have not had my hospital medical staff privileges revoked, suspended, curtailed, limited, or surrendered while under investigation.
2. I certify that I am fully retired from the active practice of medicine; however, I wish to volunteer my services as a physician in a free medical clinic located in [city], Alabama, and it is my expectation that I will provide not less than 100 hours of voluntary services for the calendar year [year].
3. I understand and acknowledge that issuance of a certificate of qualification and license to practice medicine under the Retired Senior Volunteer Physician Program requires that I comply with the continuing medical education requirement for physicians as specified in Chapter 14 of the rules of the Alabama Board of Medical Examiners.

Release:

I, [name prints here], certify , that all of the information supplied in the submitted application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law.

I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

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.

Applicant's typed name

Attach Photograph
If one was not uploaded

Under Alabama law, this document is a public record and will be provided upon request.

Print or upload signed affidavit and release, , attach color picture if not uploaded, and return original to the Alabama Board of Medical Examiners.

Declaration of citizenship:

ALABAMA BOARD OF MEDICAL EXAMINERS

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:

Date of birth:

MD / DO / PA License Number (if applicable):

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

Are you a citizen or national of the United States (choose 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.

If you answered No: Complete Section IV.

Name of document provided:

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

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.
- Ala. Act #2011-535, Section 30(c) and Section 29(k).

LIST B

DOCUMENTS 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 (*).

a. "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-551 stamp in foreign passport or on * I Form-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)"; or

* 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 "274a.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)"; or

* 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;

or

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

(Letterhead)

CERTIFICATION OF FREE CLINIC

DATE: _____

TO: State Board of Medical Examiners

This is to certify that _____, M.D./D.O. has
agreed to perform no fewer than 100 hours of voluntary professional services annually
at the _____, located at _____,
(Clinic Name)
Alabama, which is an established free medical clinic operating under the provisions of
Ala. Code §6-5-660 and provides outpatient medical care to patients unable to pay
for it.

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.

Clinic or Facility Administrator

Address

Telephone

Facsimile

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-75.1

History: Repeal and replace approved November 16, 2017. Repeal and replace filed February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: June 20, 2019.

Effective Date: December 17, 2018. Amended/Approved: December 11, 2019.

Certified Rule Filed: February 19, 2020. Effective Date: April 13, 2020.

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-3, Appendix D
Rule Title: Retired Senior Volunteer Program Certificate of Qualification Renewal Application

 New X Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer William A. Palmer

Date: October 20, 2022

OCT 20 2022

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Appendix D, Retired Senior Volunteer Program
Certificate of Qualification Renewal Application

INTENDED ACTION: Repeal and replace the rule

SUBSTANCE OF PROPOSED ACTION: Application was amended to clarify and
expound upon background questions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit
data, views, or arguments concerning the proposed new rule(s) and regulation(s) in
writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of
Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or
in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until
and including December 5, 2022. Persons wishing to submit data, views, or comments
should contact Carla H. Kruger by telephone (334-242-4116) during the comment
period. Copies of proposed rules may be obtained at the Board's website,
www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

540-X-3, Appendix D
Retired Senior Volunteer Program Certificate
of Qualification Renewal Application

Retired Senior Volunteer Program Certificate of Qualification Renewal Application

Under Alabama law, this document is a public record and will be provided upon request

Ala. Code § 34-24-75.1 requires that all physicians holding limited licenses under the retired the senior volunteer program apply to the Board of Medical Examiners for renewal of the certificate of qualification prior to renewal of the license. In accordance with this section, you are required to accurately complete this application. Once the application has been completed, please return it to the institution-qualified clinic or nonprofit organization to obtain the certification of the qualified clinic or nonprofit organization.

Required demographic information:

Full name
Alternate name
Name of qualified clinic or nonprofit organization
License number
Date issued

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

11. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

12. Within the past five years, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

~~Please answer yes or no to the following questions (if any below answers are in the affirmative, please explain in detail and provide the complete name and address of any psychiatrist/psychologist, state board, hospital, etc.)~~

- ~~1. Do you limit your practice to the confines of the institution?~~
- ~~2. Have you ever been convicted of a felony?~~
- ~~3. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?~~
- ~~4. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?~~
- ~~5. Has your DEA registration or any state controlled substance certificate been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine; or has your DEA~~

~~registration or any state-controlled substance certificate been voluntarily surrendered while under investigation?~~

~~6. — Has your certificate of qualification or license to practice medicine in any state ever been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine; or has your certificate of qualification or license to practice medicine in any state been voluntarily surrendered while under investigation or under threat of discipline?~~

~~7. — Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?~~

~~8. — Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?~~

~~9. — Have you ever had a judgment rendered against you or action settled relating to the performance of your professional service?~~

~~10. — Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?~~

~~11. — Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?~~

~~12. — Are you currently* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama).~~

~~If you answer "Yes," then a description is required.~~

~~**IMPORTANT:** The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.~~

~~_____ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.~~

~~*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough so that~~

~~the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.~~

~~13. Have you been within the past five years convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?~~

~~14. Has your medical education, training or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?~~

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.

Date

Applicant's typed name

Certification of qualified clinic or nonprofit organization

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.

Date

-Clinic or Facility Administrator's typed name

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-75.1

History: Repeal and replace approved November 16, 2017. Repeal and replace filed: February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: December 11, 2019. Certified Filed: February 19, 2020. Effective Date: April 13, 2020.

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-3, Appendix E
Rule Title: Limited Certificate of Qualification Renewal Application

X New Amend X Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

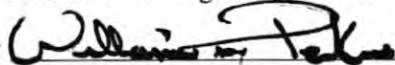
Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer 

Date: October 20, 2022

REC'D & FILED

OCT 20 2022

LEGISLATIVE SVC AGENCY

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Appendix E, Limited Certificate of Qualification
Renewal Application


INTENDED ACTION: Repeal and replace the rule

SUBSTANCE OF PROPOSED ACTION: Application was amended to clarify and expound upon background questions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger


(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

NEW

540-X-3, Appendix E
Limited License Renewal Application

Limited Certificate of Qualification Renewal Application

Under Alabama law, this document is a public record and will be provided upon request.

If you meet the qualifications for a full medical license, you do not qualify for a limited license.

Section 34-24-75, Code of Alabama 1975, as amended, requires that all physicians holding a limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to renewal of the license. Once the application has been completed, return it to the institution for the certification of the Dean, Program Director, Chief Medical Officer, or authorized State Institution individual.

Required demographic information:

Name in Full
Alternate name(s) used
Name of Institution
Home address
Telephone number (H/C)
Email address
License Number
Date Issued

Type of Limited License: (Please Choose One):

Resident
For yes, number of years in current residency program
Fellow
For yes, number of years in current fellowship program
Specialty Professor
For yes, number of years in current teaching position
Distinguished Professor
For yes, number of years in current teaching position
Visiting Professor
For yes, number of years in current teaching position
State Institution
For yes, number of years in current position

Required program/institution information

Do you limit your practice to the confines of the program/institution?

If the answer is no, please explain.

Since you last renewed, have you successfully passed a licensing examination? You answered yes, please choose: board certification USMLE COMLEX SPEX Other

Since you last renewed, have you successfully completed an ACGME accredited postgraduate year or fellowship? You answered yes, please choose year completed: 1 2 3

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
11. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?
12. Within the past five years, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?
13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring

to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

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.

Date

Applicant's typed name

Date

Typed Name of Dean, Program Director, Chief Medical Officer, Warden, Medical Director

Name of Program or State Institution

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53.1, 34-24-75

History: Repeal and replace approved June 21, 2017.

Effective Date: October 2, 2017. Amended/Approved:

November 16, 2017. Amended filed: February 27, 2018.

Effective Date: April 13, 2018. Amended: December 12, 2018. Certified Filed:

February 20, 2019. Effective Date: April 8, 2019. Amended/Approved: December 11, 2019. Certified Filed: February 19, 2020. Effective Date: April 13, 2020.

REPEAL

Under Alabama law, this document is a public record and will be provided upon request.

ALABAMA BOARD OF MEDICAL EXAMINERS
Limited Certificate of Qualification Renewal Application

If you meet the qualifications for a full medical license, you do not qualify for a limited license.

Section 34-24-75, Code of Alabama 1975, as amended, requires that all physicians holding a limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to the Medical Licensure Commission renewing the actual license. In accordance with this section you are required to accurately complete this application. Once the application has been completed please return it to the institution so that we may obtain the certification of either the Dean, Program Director or Chief Medical Officer. Please attach the \$15 renewal fee made payable to the Board of Medical Examiners.

Name in Full
Alternate name(s) used
Name of Institution
Home address
Telephone number (H/C)
Email address
License Number
Date Issued

Type of Limited License: (Please Choose One):

Resident

You checked Resident; number of years in current residency program

Fellow

You checked Fellow; number of years in current fellowship program

Specialty Professor

You checked Specialty Professor; number of years in current teaching position

Distinguished Professor

You checked Distinguished Professor; number of years in current teaching position

Visiting Professor

You checked Visiting Professor; number of years in current teaching position

State Institution

You checked State Institution; number of years in current position

Please answer yes or no. If any of the answers are "yes," please explain in detail and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc.

1. Do you limit your practice to the confines of the institution?

If the answer is no, please explain.

2. Since you last renewed, have you successfully passed a licensing examination?

You answered yes, please choose: board certification USMLE COMLEX SPEX Other

3. Since you last renewed, have you successfully completed an ACGME accredited postgraduate year or fellowship? You answered yes, please choose year completed: 1

2 3

4. Have you in the past year been arrested for a violation of any Federal, State or Local statute? If the answer is yes, please explain.

5. Have you in the past year been directed to appear before any medical examining board, hospital staff, professional society or institution for disciplinary action?

If the answer is yes, please explain.

6. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

7. Within the past year, have you ever raised the issue of consumption of drugs or alcohol or the issue of mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?

8. Since you last renewed have you engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues? (If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama). If the answer is yes, please include a detailed explanation.

Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the

licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

_____ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

9. Have you been, within the past year, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

10. Has your medical education, training, or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

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.

Date

Applicant's typed name

Date

Typed Name of Dean, Program Director, Chief Medical Officer, Warden, Medical Director

Name of Program or State Institution

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53.1, 34-24-75

History: Repeal and replace approved June 21, 2017.

Effective Date: October 2, 2017. Amended/Approved: November 16, 2017. Amended filed: February 27, 2018.

Effective Date: April 13, 2018. Amended: December 12, 2018. Certified Filed:

February 20, 2019. Effective Date: April 8, 2019. Amended/Approved: December 11, 2019. Certified Filed: February 19, 2020. Effective Date: April 13, 2020.

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-3, Appendix F
Rule Title: Application for Reinstatement of Certificate of Qualification

X New Amend X Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer William A. Perkins

Date: October 20, 2022

REC'D & FILED

OCT 20 2022

LEGISLATIVE SERVICES AGENCY

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Appendix F, Application for Reinstatement of Qualification

INTENDED ACTION: Repeal and replace the rule

SUBSTANCE OF PROPOSED ACTION: Application was amended to clarify and expound upon background questions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

NEW

540-X-3, Appendix F

Application for Reinstatement of Certificate of Qualification

Application for Reinstatement of Certificate of Qualification

Under Alabama law, this document is a public record and will be provided upon request.

Required demographic information:

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Date of revocation/suspension/surrender of certificate of qualification

Reasons for revocation/suspension/voluntary surrender of certificate or license (please give detailed reasons)

Provide a brief description and the location of your intended medical practice in the State of Alabama.

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?
3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?
4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?
6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?
7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?
8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?
9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health:

10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
11. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

12. Within the past five years, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

13. Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?

*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.

13.a. IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. Licensees are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition where the licensee is unable to practice medicine with reasonable skill and safety to patients can result in action being taken against the license to practice medicine.

_____ Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

Education/Training/Experience:

14. Has your medical education, training, or medical practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

I hereby authorize the release of any information concerning me in your files, favorable or otherwise, to the Alabama Board of Medical Examiners. A copy of this authorization shall be as valid as the original.

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph

submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature
Photograph

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.

Date
Applicant's typed name

Author: Alabama Board of Medical Examiners
Statutory Authority: Ala. Code §§ 34-24-53, 34-24-361
History: Repeal and replace approved November 16, 2017. Repeal and replace filed: February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: December 11, 2019. Certified Rule Filed: February 19, 2020. Effective Date: April 13, 2020.

540-X-3, Appendix F
Application for Reinstatement of Certificate of
Qualification

REPEAL

Alabama Board of Medical Examiners
PO Box 946
Montgomery AL 36101
848 Washington Avenue – 36104
(334) 242-4116

Application for Reinstatement of Certificate of Qualification

Name
Alternate name(s) used
Address
Email address
Initial license number
Issue Date
Telephone (H)
Telephone (W)

Date of revocation/suspension/surrender of certificate of qualification
Reasons for revocation/suspension/voluntary surrender of certificate or license
(please give detailed reasons)

Answer yes or no (if the answer to any of these questions is YES, please explain in detail):

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?
3. Has your DEA registration or any state controlled substance certificate been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine, or has your DEA registration or any state controlled substance certificate been voluntarily surrendered while under investigation?
4. Has your certificate of qualification or license to practice medicine in any state been denied or subject to any discipline, including but not limited to the following: revocation; suspension; probation; restriction(s); condition(s); reprimand or fine, or has your certificate of qualification or license to practice medicine in any state been voluntarily surrendered while under investigation or under threat of discipline?
5. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

6. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?
7. Have you ever had a judgment rendered against you or action settled relating to performance of your professional service?
8. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?
9. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
10. Are you currently* engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or received any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues? (If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question, such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama).

If you answer "Yes," then a description is required.

IMPORTANT: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

_____ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

*The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

11. Within the past five years, have you been convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?
12. Has your medical education, training, or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period

longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

13. To your knowledge, are you the subject of an investigation or proposed action by any licensing board/agency as of the date of this application?

14. Please list all states in which you have applied for licensure.

15. Please provide a brief description and the location of your intended medical practice in the State of Alabama.

Under Alabama law, this document is a public record and will be provided upon request.

I hereby authorize the release of any information concerning me in your files, favorable or otherwise, to the Alabama Board of Medical Examiners. A copy of this authorization shall be as valid as the original.

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.

Applicant's typed signature

Print or upload application and return to the Alabama Board of Medical Examiners.

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code §§ 34-24-53, 34-24-361

History: Repeal and replace approved November 16, 2017. Repeal and replace filed: February 27, 2018. Effective Date: April 13, 2018. Amended/Approved: December 11, 2019. Certified Rule Filed: February 19, 2020. Effective Date: April 13, 2020.

APA-1

Revised 4/2018

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners

Rule No. 540-X-3-.11

Rule Title: Application Forms Required for a Certificate of Qualification

_____ New _____ Amend X Repeal _____ Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?

NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?

YES

Is there another, less restrictive method of regulation available that could adequately protect the public?

NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?

NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?

NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?

YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?

NO

Does the proposed rule have an economic impact?

NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer _____

Date: October 20, 2022

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3-.11, Application Forms Required for a Certificate of Qualification

INTENDED ACTION: Repeal and replace the rule

SUBSTANCE OF PROPOSED ACTION: Application was amended to clarify and expound upon background questions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

REPEAL

540-X-3-.11 Application Forms Required for a Certificate of Qualification.

(1) The application for a certificate of qualification for a full license to practice medicine is contained in Appendix A to Chapter 3. Applicants shall also complete the Federation of State Medical Boards (FSMB) on-line Uniform Application.

(2) The application form for a certificate of qualification for a limited license is contained in Appendix B to Chapter 3.

(3) The application form for a certificate of qualification under the Retired Senior Volunteer Physician Program is contained in Appendix C to Chapter 3.

(4) The application form for a renewal of a certificate of qualification under the Retired Senior Volunteer Physician Program is contained in Appendix D to Chapter 3.

(5) The application form for renewal of limited certificate of qualification is contained in Appendix E to Chapter 3.

(6) The application form for reinstatement of a certificate of qualification is contained in Appendix F to Chapter 3.

Author: Alabama Board of Medical Examiners.

Statutory Authority: Code of Alabama 1975, §34-24-70

History: Filed May 20, 1993, for publication. See also Notice of Intended Action dated 5/20/93 repealing existing Chapter 3. Approved/Adopted: July 21, 1993.

Effective Date: August 26, 1993. Amended: September 15, 1993. Filed for Publication: September 20, 1993. Approved/Adopted: November 17, 1993.

Effective Date: December 22, 1993. Approved for Publication: October 15, 1997. Approved/Adopted: December 17, 1997. Effective Date: January 22, 1998. Amended/Approved: January 15, 2020. Certified Rule Filed: May 20, 2020. Effective Date: July 13, 2020.

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Appendix F, Application for Reinstatement of Qualification

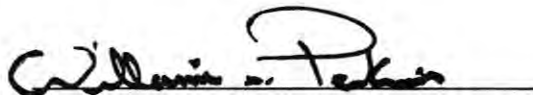
INTENDED ACTION: Repeal and replace the rule

SUBSTANCE OF PROPOSED ACTION: Application was amended to clarify and expound upon background questions.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including December 5, 2022. Persons wishing to submit data, views, or comments should contact Carla H. Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: December 5, 2022

CONTACT PERSON AT AGENCY: Carla H. Kruger

A handwritten signature in black ink, appearing to read "William A. Parker", written over a horizontal line.

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)