



ALABAMA BOARD OF MEDICAL EXAMINERS

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

242-4116 *Under Alabama law, this document is a public record and will be provided upon request.*

Initial Application for Alabama Medical Cannabis Certification Permit

- Application fee is \$300, which shall be payable to the Board and non-refundable upon submission. The initial application fee is non-transferable.
- If a physician applicant does not complete the initial application process within ninety (90) days of his or her first submission to the Board, the application shall be closed, the application fees shall not be refunded or transferred, and the applicant shall be required to reapply for a permit.
- The physician applicant must provide a list of all practice locations from which they may certify or recommend a patient for the use of medical cannabis.

Physician Name: _____ LIC # _____ ACSC # _____

Primary practice location: _____ City _____

State _____ Zip Code _____ AL DEA # _____ Office Phone # _____

Additional practice location: _____ City _____

State _____ Zip Code _____ AL DEA # _____ Office Phone # _____

Yes No

1. Do you currently have a valid Alabama-specific DEA registration?
2. Do you currently have a valid registration to query the Alabama Prescription Drug Monitoring Program?
3. Have you successfully completed a Board approved AMA PRA Category 1 Credit™ four-hour course related to medical cannabis along with a subsequent examination within the past 24 months? If so, please attach the certificate of completion.
4. Has your controlled substances certificate or registration ever been denied, revoked or disciplined?
5. Has any disciplinary action ever been taken against your medical or other professional license?
6. I have either registered or will register within 30 days with the Alabama Medical Cannabis Patient Registry System.

I hereby affirm that I hold no direct or indirect economic interest in a licensee of the Alabama Medical Cannabis Commission (including an Integrated Facility, Cultivator, Processor, Dispensary, Secure Transporter, or State Testing Laboratory), and will not hold any such interest so long as I possess this permit.

I hereby certify the foregoing information to be correct to the best of my knowledge, information, and belief. I acknowledge that making any fraudulent or untrue statement to the Board is grounds for action against my license to practice medicine, pursuant to Ala. Code § 34-24-360(17).

Physician Signature

Date

Please submit a completed application to:

amcp@albme.gov OR Mail to:

Alabama Board of Medical Examiners ATTN: AMCP
848 Washington Avenue
Montgomery, AL 36104