



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

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July 31, 2023

RE: Limited Certificate of Qualification for renewal in 2024

Greetings,

Attached to this email is the application form to be used for licensees who will be renewing their Limited Certificates of Qualification with the Alabama Board of Medical Examiners (Board) for the year 2024. Please disseminate copies of this email and the attached application to the appropriate individuals in your institution who will be processing these applications for renewal. After a Limited Certificate of Qualification has been approved by the Board, the applicant will be eligible to renew the limited license online with the Medical Licensure Commission of Alabama (MLC) at [https://abme.igovsolution.net/online/user\\_login.aspx](https://abme.igovsolution.net/online/user_login.aspx) beginning on October 1, 2023, through December 31, 2023.

The application must be completed and signed by the physician and then signed by either the Dean, Program Director, Chief Medical Officer, Warden, or Medical Director. Please review the current status of each of your limited licensees to determine whether renewal of a Limited Certificate of Qualification is applicable. If the licensee qualifies for full licensure, they must apply for a Full medical license. The \$15 renewal fee for each Limited Certificate of Qualification is payable to the Alabama Board of Medical Examiners. The completed applications need to be returned to the Board on or by Thursday, October 12, 2023.

**Please explain to your licensees that renewal is a two-step process.** Remind them that after the Board has approved the renewal of their Limited Certificate of Qualification that they must go to our website at [https://abme.igovsolution.net/online/user\\_login.aspx](https://abme.igovsolution.net/online/user_login.aspx) and login using their last name and the last five (5) digits of their social security number. They will need to verify and/or update their information and pay the renewal fee in the payment cart.

Please feel free to contact me with any questions regarding renewal of the Limited Certificate of Qualification at 334-833-0195 or [tseamon@albme.gov](mailto:tseamon@albme.gov).

Sincerely,

Alabama State Board of Medical Examiners  
Tiffany Seamon  
Director of Credentialing



# 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*

## Limited Certification of Qualification Renewal Application

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

Ala. Code § 34-24-75 requires that limited licensees first renew the limited certificate of qualification and then renew the limited license. After completing this application, return it to the institution for certification by the Dean, Program Director, Chief Medical Officer, or Warden/Medical Director.

Please submit the \$15 renewal fee made payable to the Alabama Board of Medical Examiners.

### Required Demographic Information

Name in Full (First, Middle, Last) \_\_\_\_\_ ☐ MD ☐ DO

Alternate Name(s) used \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number (Home or Cell) \_\_\_\_\_

Medical License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Name of Institution \_\_\_\_\_

### Type of Limited License (Check one)

- ☐ Resident ☐ Distinguished Professor ☐ State Institution ☐ Fellow  
☐ Specialty Professor ☐ Visiting Professor

Number of years in current program/position: \_\_\_\_\_

### Required Program/Institution Information

Yes No

1. Do you limit your practice to the confines of the program/ institution? ☐ Yes ☐ No

*If the answer is no, please attach a detailed explanation*

2. Since you last renewed, have you successfully completed a written licensing examination? If yes, please choose: ☐ Yes ☐ No

- ☐ ABMS board certification exam ☐ AOA board certification exam  
☐ USMLE ☐ COMLEX ☐ Other \_\_\_\_\_

3. Since you last renewed, have you successfully completed an ACGME accredited postgraduate year or fellowship? ☐ Yes ☐ No

If you answered yes, please choose year completed: ☐ 1 ☐ 2 ☐ 3

**Required background information**     *If your answer is "yes," please attach a detailed explanation.*

**Legal:**

**Yes   No**

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:****Yes No**

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.

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Physician Initial

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 SS 8-1A-2 and 8-14-7. 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.

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Applicant's printed name

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Applicant's signature

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Date

**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 SS 8-1A-2 and 8-14-7. 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.

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Name of Dean-School of Medicine OR Director-Residency  
Training Program OR Warden/Medical Director OR Chief Medical Officer

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Signature of Dean-School of Medicine OR Director-Residency  
Training Program OR Warden/Medical Director OR Chief Medical Officer

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Date

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

Please submit a completed application to:

[Credentialing@albme.gov](mailto:Credentialing@albme.gov)

OR mail to:

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