



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

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August 20, 2021

RE: Limited Certificate of Qualification for renewal in 2022

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 2022. 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 <http://www.alrenewals.org> beginning on October 1, 2021, through December 31, 2021.

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 Friday, October 29, 2021.

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 <http://www.alrenewals.org> 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.

Sincerely,

Alabama State Board of Medical Examiners
Tiffany Seamon
Director of Credentialing



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848 Washington Ave, Montgomery, AL 36104-0946 / (334) 242-4116



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: _____ MD____ DO____
(First) (Middle) (Last)

Alternate name(s) used: _____

Name of Institution: _____

Home Address: _____

Telephone Number: _____ Email Address: _____

License Number: _____ Date Issued: _____

Type of Limited License: (Please Choose One):

_____ **Resident.** Number of years in current residency program: _____

_____ **Fellow.** Number of years in current fellowship program: _____

_____ **Specialty Professor.** Number of years in current teaching position: _____

_____ **Distinguished Professor.** Number of years in current teaching position: _____

_____ **Visiting Professor.** Number of years in current teaching position: _____

_____ **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. Yes No

2. Since you last renewed, have you successfully passed a
licensing examination? Please choose:
___Board Certification ___USMLE ___COMLEX ___SPEX
___Other Yes No

3. Since you last renewed, have you successfully completed an
ACGME accredited postgraduate year or fellowship?
Please choose year completed: ___ 1 ___ 2 ___ 3 Yes No

4. Have you in the past year been arrested for a violation of any
Federal, State or Local statute? Yes No

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? Yes No

6. Have you ever been diagnosed as having or have you ever been
treated for pedophilia, exhibitionism, or voyeurism? Yes No

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? Yes No

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. Yes No

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?

Yes No

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?

Yes No

Applicant's [typed] Signature: _____ Date: _____

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.

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

_____ Date: _____

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.

Name of Program or State Institution: _____