

**STATE OF ALABAMA
MEDICAL LICENSURE COMMISSION
POST OFFICE BOX 887
MONTGOMERY, ALABAMA 36101-0887**

JAMES H. WALBURN, M.D.
CHAIRMAN/EXECUTIVE OFFICER

KAREN H. SILAS
EXECUTIVE ASSISTANT

TELEPHONE
(334) 242-4153

Dear Doctor:

Thank you for your interest in reinstating your license to practice medicine in Alabama. Attached is a reinstatement packet with instructions to help you complete this process. Please be advised that our reinstatement fees are set by the Code of Alabama 1975, Section 34-24-337 and are \$250.00 plus past due renewal fees not to exceed a total of \$850.00. Therefore, if your license expired **prior to** December 31, 2018 your reinstatement fee will be \$850.00. If your license expired **on** December 31, 2018 your reinstatement fee will be \$550.00 (until the end of this calendar year). Alabama law also allows for a sixty (60) day time period in which the Alabama Board of Medical Examiners may investigate pending reinstatement applications. If the Board's investigation result in a probable cause finding that grounds to deny the application for reinstatement exist, a Notice of Intent to Contest Reinstatement may be filed by the Alabama Board of Medical Examiners. If the Board finds no probable cause, your application for reinstatement will be processed and you will be notified that your license is reinstated.

You are to submit with your reinstatement application, proof of 25 AMA PRA Category 1 continuing medical education credits acquired in the preceding twelve (12) months as well as the completed criminal background form and two fingerprint cards. Fingerprint cards are available and can be completed by most local law enforcement agencies. There is a \$65.00 processing fee associated with the criminal background check as indicated on the application.

Please note that all incomplete reinstatement applications expire six (6) months from the date we receive the application in our office. If you have any questions regarding this information, please contact Nicole Chapman at nchapman@almlc.org or 334-242-4153.

Sincerely,

Karen H. Silas

Executive Assistant
Alabama Medical Licensure Commission

Enclosures

STATE OF ALABAMA
MEDICAL LICENSURE COMMISSION
POST OFFICE BOX 887
MONTGOMERY, ALABAMA 36101

TELEPHONE: (334) 242-4153
FAX (334) 242-4155

APPLICATION FOR REINSTATEMENT

LICENSE NUMBER: _____

DATE ISSUED: _____

NAME IN FULL: _____
(Last Name) (First Name) (Middle Name)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: _____

TYPE OF PRACTICE: _____

ALABAMA PRACTICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

DATE: _____ SIGNATURE: _____

Please specify the following:

Public Address:	Home Address	Practice Address
Mailing Address:	Home Address	Practice Address

REINSTATEMENT AND CRIMINAL BACKGROUND CHECK FEE \$ _____

MAKE CHECKS PAYABLE TO: MEDICAL LICENSURE COMMISSION OF ALABAMA

YOU MUST SUBMIT PROOF (COPIES) OF HAVING OBTAINED TWENTY-FIVE (25) HOURS OF CONTINUING MEDICAL EDUCATION WITHIN THE PRECEDING (12) TWELVE MONTH PERIOD

****ALL ACTIVE LICENSES EXPIRE DECEMBER 31 OF EACH YEAR****

APPLICATION FOR REINSTATEMENT OF LICENSE

To The Medical Licensure Commission of the State of Alabama

I hereby make application for reinstatement of my license to practice medicine/osteopathy in the State of Alabama, Certificate Number _____, which automatically became inactive on the 1st day of February 20____, for nonpayment of the annual registration fee as provided in §§ 34-24-337, Code of Alabama, 1975. The following information is submitted in connection with this application for reinstatement.

Date: _____ DEA #: _____ License #: _____

Name: _____

Date of Birth: _____ Social Security Number: _____

Professional Address: _____

Telephone: () _____

Other States or Jurisdictions in which you are currently licensed: _____

CURRENT PRACTICE

Specialty: _____

Board Certified: Yes No

Name of Board (if yes above): _____

Date of Certification and/or Re-certification (if yes above): _____

Practice Pattern:

Percentage of Professional Time/Office: _____

Percentage of Professional Time/Clinic: _____

Percentage of Professional Time/Hospital: _____

Percentage of Professional Time/Other: _____

CURRENT PROFESSIONAL CONNECTIONS

Specialty Society Member: Yes No

Name of Specialty Society (if yes above): _____

Name/Location of Hospital(s): _____

Hospital Staff Status (active, etc.): _____

Hospital Privileges (specify): _____

CERTIFICATION OF CME COMPLIANCE

_____ I hereby certify that I have met the annual minimum continuing medical education requirement of twenty-five (25) hours of *AMA PRA Category I Credits*TM or equivalent continuing medical education within the preceding twelve (12) months.

Names/Results of Practice Related Examinations taken in the past year:

Other (specify for the past year): _____

1. Have you been charged with any offense (felony or misdemeanor) ?

Yes No

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

Yes No

3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?

Yes No

4. Have you ever been denied a state or federal controlled substances certificate?

Yes No

5. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?

Yes No

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

Yes No

7. Have you 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?

Yes No

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

Yes No

9. To your knowledge, are you the subject of an investigation, or has a formal complaint against your license been filed by a licensing Board/Agency as of the date of this application since you were last licensed in this state?

Yes No

10. Within the past two years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Yes No

11. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner, or within the past two (2) years have you applied for and/or have you received any payment or other compensation for any mental or physical condition?

Yes No

12. 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?

Yes No

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

Yes No

14. Are you currently engaged in the illegal use of controlled dangerous substances?

Yes No

15. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

Yes No

16. Have you been, within the past five (5) 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?

Yes No

17. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation or maternity leave?

Yes No

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, or within the past two years.

If you have answered yes to any of the foregoing questions, please provide complete information.

RELEASE/CERTIFICATION

I certify that the above information is currently accurate and truly reflects my professional activities. I hereby release this information for internal use to those state authorities responsible for medical licensure and/or discipline.

Signature

SWORN to and subscribed before me this _____ day of _____, 20_____.

Notary Public
My Commission Expires: _____

APPLICATION FOR REINSTATEMENT OF LICENSE AFTER NONPAYMENT OF REGISTRATION

(7) When any physician or osteopath licensed by this Commission shall have such license become inactive for nonpayment of the annual registration fee required under Code of Ala. 1975, §§34-24-337, such physician or osteopath may apply to the Commission in writing for reinstatement of such license by filing with the Commission an application in the form specified in Appendix C to Chapter 2 of these rules, together with the payment of all past due renewal fees and the additional sum of \$250.00 dollars.

(8) Upon receipt of a properly completed application, criminal background check and the payment to the Commission of all required past due renewal fees plus the additional sum of \$250.00 dollars then the Commission shall reinstate the license of the application. In the event that the answers provided by the applicant to any question on the application form or from any other source indicates that the applicant has committed any act or undergone any change of circumstance which would constitute grounds for the revoking of a license to practice medicine in the State of Alabama under Code of Ala. 1975, §§34-24-360, then the Commission shall refer the application to the State Board of Medical Examiners for investigation into all of the facts and circumstances surrounding such acts or circumstances in order to determine if a complaint for revocation or suspension of that physician's license should or should not be initiated.

(9) Before denying an application submitted under this section the Commission shall comply with all of the requirements of a contested case under the Alabama Administrative Procedure Act and the rules of this Commission.

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): _____ Sex/Gender: Male Female

Aliases/Nickname: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: _____ (MM/DD/YYYY) Driver's License Number: _____ Issuing State: _____

Race: White Black Asian Indian Other (please specify) _____

Home Phone: () _____ Mobile Phone: () _____ Work Phone: () _____

WORK INFORMATION

Employer Name: _____ Employer Phone: () _____

Contractor Name: _____ Contractor Phone: () _____

State Agency: _____ Agency Phone: () _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- Completed Application signed by applicant and **two witnesses** OR notarized.
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.**

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature _____ Date _____

Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Signature _____ My Commission Expires _____, 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: AL _____

Received By (Initials): _____/Date: ____/____/____ Processed By (initials): _____/Date: ____/____/____

Walk-in/Hand Delivered _____ Mailed _____ Status: _____ Initials: _____ Date: ____/____/____

Billed: _____ Paid: _____ No Charge: _____

Check#: _____

Background Check Qty: ____ Total: \$ _____

Certified Letter Qty: ____ Total: \$ _____

IMPORTANT INFORMATION REGARDING FINGERPRINT CARDS

- * Fingerprints are to be taken by trained law enforcement officers only.
- * Each agency establishes their own fee for fingerprint services.
- * Call the agency, in advance, for their fingerprint time schedule and fee.
- * **Two** fingerprint cards must be completed and submitted, along with all of the identification information filled out according to the instructions. The applicant must sign the card in the presence of the official taking the prints, who will also sign the card.
- * The prints themselves must be of a quality meeting FBI standards, which are printed on the back of each fingerprint card. If the instructions are not followed, or the fingerprints do not meet FBI standards, the cards will be rejected by the MLC, ABI, or FBI. In this case, the licensee will be notified and new fingerprint cards will be required. This will delay the reinstatement process.

* **DO NOT FOLD FINGERPRINT CARDS!**

- * It is the licensee's responsibility to submit two sets of Fingerprint Cards to:
Medical Licensure Commission of Alabama
P.O. Box 887
Montgomery, AL 36101

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV.3-1-10) 1110-0046		LAST NAME NAM		FIRST NAME		MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED 1		ALIASES AKA 6		OR				DATE OF BIRTH Month Day Year 7		DOB	
RESIDENCE OF PERSON FINGERPRINTED 2		CITIZENSHIP		SEX 8		RACE 9		HGT. 10		WGT. 11	
DATE 3		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 4		EYES 12		HAIR 13		PLACE OF BIRTH 14		POB	
EMPLOYER AND ADDRESS		FBI NO. FBI		ARMED FORCES NO. MNU		CLASS		REF.		LEAVE BLANK	
REASON FINGERPRINTED Medical Board Act#2013-397		SOCIAL SECURITY NO. SOC 15		MISCELLANEOUS NO. MNU							
DO NOT MARK IN THIS AREA											
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			

ALL INFORMATION IS TO BE PRINTED OR TYPED IN BLACK INK

The following sections are to be left blank until the time of fingerprinting. Complete this section in the presence of the official taking fingerprints:

1. Signature of applicant
2. Address of applicant

The following sections are to be completed by the official taking the fingerprints:

3. Date of fingerprinting
4. Signature of official

The following sections can be completed prior to fingerprinting:

5. Name (Last, First, Middle)
6. Aliases (to include nicknames, maiden name, other married names)
7. Date of Birth (Month, Day, Year)
8. Sex
 - M – Male
 - F – Female
9. Race
 - W – Caucasian/Hispanic
 - A – Asian/Pacific Islander
 - B – Black
 - I – American Indian/Alaskan Native
10. Height
11. Weight
12. Eye Color
 - BLK – Black
 - GRN – Green
 - GRY – Gray
 - BRO – Brown
 - BLU – Blue
 - HAZ – Hazel/Multiple
13. Hair Color
 - BLK – Black
 - BRO – Brown
 - RED – Red
 - WHI – White
 - BLN – Blond
 - GRY – Gray
 - SDY – Sandy
 - BAL – Bald
14. Place of Birth (State or Country)
15. Social Security Number

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

**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.

Act 2011-535 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: _____
(Print or Type) (Last) (First) (M.I.)

DATE OF BIRTH: _____

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

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

Name of document provided: _____

If you answered **No**: Complete Section IV.

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.

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)”;
- * 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”;
- 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)”;
- * 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

**STATE OF ALABAMA
MEDICAL LICENSURE COMMISSION
POST OFFICE BOX 887
MONTGOMERY, ALABAMA 36101-0887**

James E. West, M.D.
CHAIRMAN/EXECUTIVE OFFICER
Karen H. Silas
EXECUTIVE ASSISTANT

TELEPHONE
(334) 242-4153

REINSTATEMENT APPLICATION CHECKLIST:

(Complete and submit to the Alabama Medical Licensure Commission)

1. Application (Completed, signed & notarized)
2. Application fee (See rule 545-X-2-.03) & Criminal Background check fee (\$65.00)
3. Proof of CME (25 credits within the past 12 months-Must include name, date acquired and indicate AMA PRA Cat 1)
4. Citizenship Declaration form (If not already on file)
5. Proof of citizenship/legal presence document (See list A&B)(If not already on file)
5. Fingerprint cards (2)
6. Criminal History Information Release Form

Once the application has been received by our agency you may **check the status of your reinstatement application online** by following these steps:

- Log on to our website at albme.org
- Click the CHECK PENDING APPLICATION heading
- Enter your last name and the last 4 digits of your social security number
- Check Status

If you are using a credentialing service to help you with your application, you may provide them with this information so they will be able to check the status of your reinstatement application. **The website is updated daily.**