



**ALABAMA STATE BOARD OF MEDICAL EXAMINERS AND MEDICAL
LICENSURE COMMISSION**

**INSTRUCTIONS FOR THE ALABAMA TEMPORARY EMERGENCY CERTIFICATE
OF QUALIFICATION, TEMPORARY EMERGENCY MEDICAL LICENSE AND
ALABAMA CONTROLLED SUBSTANCES CERTIFICATE**

Physicians wishing to provide medical care to patients of Alabama suffering from and affected by the Severe Adult Respiratory Syndrome-Coronavirus-2 (SARS-CoV-2) and the disease known as COVID-19 that meet certain criteria may apply for a Temporary Emergency Medical License. **A Temporary Emergency Medical License will expire 120 days after the effective date of the emergency rule or when Governor Ivey lifts the State of Emergency.**

Eligibility Requirements:

- Must possess a full unrestricted medical license in another state, District of Columbia, a territory of the United States, or a province of Canada
- Have graduated from an accredited medical school or a school listed in the International Medical Education Directory or its equivalent
- Successful completion of ACGME or AOA accredited graduate medical education
- Have taken and passed a written licensing examination (Examples: USMLE, FLEX, NBME, NBOME, or COMLEX)
- No history of disciplinary action against your medical license, excluding any action related to the non-payment of fees related to a license
- No criminal history
- No suspension or revocation of controlled substances license, certificate, or permit
- Not currently under investigation
- Must be a U.S. Citizen, national, or lawfully present alien

Applicants must complete the attached application in its entirety and submit as an attachment via email with a copy of a valid photo ID to the address below:

credentialing@albme.org

Once your application has been submitted, please allow 48 hours for the processing and issuance of the Temporary Emergency Medical License and Alabama Controlled Substances Certificate.

If you have a current DEA registration in any jurisdiction, upon issuance of the Temporary Emergency Medical License, you will receive an Alabama Controlled Substances Certificate for the sole purpose of treating patients suffering from and affected by the 2019 novel coronavirus known as COVID-19.

The Alabama Controlled Substances Certificate will specifically prohibit the prescribing of controlled substances via telemedicine.



**ALABAMA BOARD OF MEDICAL EXAMINERS
AND MEDICAL LICENSURE COMMISSION**
P. O. Box 946 / Montgomery, Alabama 36101-0946 / (334) 242-4116
848 Washington Avenue – 36104



**Application for Temporary Emergency Certificate of Qualification and Temporary
Emergency Medical License and Temporary Emergency Restricted Alabama
Controlled Substance Certificate**

**To apply for an emergency certificate of qualification and license to practice medicine in Alabama,
please answer the questions below:**

Applicant Identification:

Full Legal Name: _____
(First) (Middle) (Last) (Suffix)

Mailing Address: _____
(Mailing Address) (City) (State) (Zip)

Office Address: _____
(Office Address) (City) (State) (Zip)

Expected AL
Practice Address: _____
(Practice Address) (City) (State) (Zip)

Date of Birth: _____ Gender: Male _____ Female _____
(mm/dd/yyyy)

Office telephone number: _____ Cell phone number: _____

Email address delegated by applicant to receive correspondence: _____

Social Security Number: _____
(###-##-####)

Physician's National Provider Identifier Number: _____

Education:

Medical Degree Received: M.D. _____ D.O. _____

Medical School: _____
(Name of School; no abbreviations or acronyms)

Date of Degree Issued: _____
(mm/dd/yyyy)

(Medical school must be accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation or be listed on the International Medical Education Directory or its equivalent.)

Residency Program: _____
(Full Name of Program; no abbreviations or acronyms)

Completion date: _____
(mm/dd/yyyy)

(Physicians must have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.)

Qualifying Licensing Exam taken (USMLE or COMLEX, etc.): _____

Physicians must possess a full and unrestricted medical license issued by a state, the District of Columbia, a territory of the United States, or a province of Canada.

License Number: _____ Expiration date: _____
(mm/dd/yyyy)

Date of Original Licensure: _____ (not renewal)
(mm/dd/yyyy)

Licensing State/District/Territory/Province: _____

Affirmations:

1. I hereby swear (affirm) that I currently possess a full and unrestricted license to practice medicine that has been issued by the medical licensing authority of a state, the District of Columbia, a territory of the United States, or a province of Canada.

Initial

2. I hereby swear (affirm) that I have never been convicted received adjudication, community supervision, or deferred disposition of any felony offense or any crime related to fraud, violence, sexual violations, or related to the practice of medicine.

Initial

3. I hereby swear (affirm) that my medical license has never been subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the non-payment of fees related to a license.

Initial

4. I hereby swear (affirm) that my controlled substance license or permit has never been suspended or revoked by a state, the District of Columbia, a territory of the United States, a province of Canada, or the United States Drug Enforcement Administration.

Initial

5. I hereby swear (affirm) that I am not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

Initial

6. I hereby swear (affirm) that I intend to practice medicine to provide health care to citizens of Alabama suffering from and affected by the 2019 novel coronavirus known as COVID-19.

Initial

7. I hereby swear (affirm) that I am either (1) a United States citizen; (2) a national of the United States; or (3) an alien lawfully present in the United States.

Initial

I swear (affirm) that the information set forth on this application for an emergency certificate of qualification and license is true and correct to the best of my knowledge, information and belief.

Signature of Physician: _____ Date: _____

(For electronic signature) 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 State Board of Medical Examiners or Medical Licensure Commission is a violation of Ala. Code § 34-24-360(17).

Please email completed form as an attachment to credentialing@albme.org