

Instructions for Limited License Application

- All portions of the application must be completed. If a question does not apply to you, the answer N/A is acceptable.
- The Limited License, or Certificate of Qualification Issued without Examination, may only be issued at the Board's discretion for a period of up to one calendar year.
- The Limited License may only be issued to an applicant who does not qualify for a full license and is a resident, fellow, medical school professor, or practices full-time at certain State of Alabama institutions.
- For complete rules, please see Board Rules, Chapter 540-X-3
- The application must be certified by an institution's Dean, Program Director, Chief Medical Officer, Warden, or Medical Director.
- Once the application has been received by our agency, you may check the status of your application online by following these steps:
 - Log on to our website at albme.org
 - Click the CHECK PENDING APPLICATION heading and enter L for license type
 - Enter your name and the last 4 digits of your social security number
 - Check status

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

APPLICATION FOR LIMITED CERTIFICATE OF QUALIFICATION

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

To the Alabama Board of Medical Examiners:

I hereby make application for a limited certificate to practice medicine in the state of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice:

Type in the following:

Name in Full (First, Middle, Last) _____ (M.D./D.O.) _____

Address _____ City _____ State _____ Zip _____

Place of Birth _____ Date of Birth _____ Sex _____

Social Security * _____ Email _____

Telephone (H or C) _____ Telephone (W) _____

* Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Name of Institution _____

Type of license (check one):

Resident Fellow Distinguished Professor Specialty Professor Visiting Professor State Institution

Answer yes or no (if any answers are in the affirmative, please explain in detail and provide the complete name and address of any state board, hospital, psychiatrist/psychologist, etc.):

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been convicted of a felony? (If yes, please provide the name of the court of record or a copy of the record of conviction) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been denied a state or federal controlled substance certificate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice? | <input type="checkbox"/> | <input type="checkbox"/> |

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- | | YES | NO |
|--|--------------------------|--------------------------|
| 7. Have you ever 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 a license to practice medicine in any state been withdrawn under threat of denial? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a judgment rendered against you, or action settled relating to performance of your professional service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. To your knowledge, are you the subject of an investigation by any licensing board/agency as of the date of this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you currently* 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 Physician 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 the Medical Licensure Commission of Alabama), If you answer "Yes", then a description is required. | <input type="checkbox"/> | <input type="checkbox"/> |

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 Physician 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.

*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 within the past two years.

- | | | |
|---|--------------------------|--------------------------|
| 13. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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Pre-Medical Education: List all schools attended, undergraduate and post-graduate work other than medical school, dates attended, and degree conferred.

	Date	Name of School	Degree
1.	From _____ To _____	_____	_____
2.	From _____ To _____	_____	_____
3.	From _____ To _____	_____	_____
4.	From _____ To _____	_____	_____

Medical Education: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

	Date	Name of School	Degree
1.	From _____ To _____	_____	_____
2.	From _____ To _____	_____	_____
3.	From _____ To _____	_____	_____
4.	From _____ To _____	_____	_____

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Post-graduate Medical Education Training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

	Date	Name of School	Address
1.	From _____ To _____	_____	_____
2.	From _____ To _____	_____	_____
3.	From _____ To _____	_____	_____
4.	From _____ To _____	_____	_____
5.	From _____ To _____	_____	_____

List all activities following medical school excluding the post-graduate medical training provided above.

_____	_____
_____	_____
_____	_____

Have you taken and passed a written licensing examination? YES NO

You answered yes, please choose: ABMS or AOA Board Certification Exam USMLE COMLEX Other

Date Passed: _____

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Affidavit and release:

I, _____, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information. I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Applicant's signature _____

Notarization

Certification: This is to certify that the aforementioned individual is making application for a limited certificate of qualification at this institution.

Signature:

Type or print name of Dean School of Medicine, Director Residency Training Program, Warden/Medical Director

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

Print application, sign in presence of Notary Public, have Dean-Medical School or Director-Residency Training Program sign, and return original to the Alabama Board of Medical Examiners.

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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.

Ala. Code § 31-13-1, *et. seq.* 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.)

MD / DO / PA License Number: _____ 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

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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.

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LIST B

DOCUMENT 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 (*).

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-51 stamp in foreign passport or on *Form I-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 “274.12(a)(10)”
- *Form I-766 (Employment Authorization Document) annotated “A10”; or 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
- 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