



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE.
MONTGOMERY, ALABAMA 36104

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August 23, 2019

RE: Limited Certificate of Qualification for renewal in 2020

Enclosed with this letter is the application form to be used for Limited licensees who will be renewing their Limited Certificates of Qualification with the Alabama Board of Medical Examiners (Board) for the year January 1, 2020, through December 31, 2020. Please disseminate copies of this letter and the enclosed application form to the appropriate individuals in your institution who will be processing these applications for renewal. After a Limited Certificate of Qualification has been renewed by the Board, the applicant will be eligible to renew the Limited license online with the Medical Licensure Commission of Alabama (MLC) at www.albme.org.

The application must be completed and signed by the physician and then signed by 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.** The \$15 renewal fee for each Limited Certificate of Qualification is payable to the Alabama Board of Medical Examiners.

Each program should return all completed applications for renewal of the Limited Certificates of Qualification as a group.

The Board will be considering these applications for renewal on November 19 and 20, 2019. **The deadline for each program to return completed applications to the Board is Wednesday, October 16, 2019.**

Please be aware that the final meeting of the Board for the year 2019, will be held on December 10 and 11, 2019. No application for renewal of a Limited Certificate of Qualification will be accepted after the close of business on December 9, 2019.

Please contact Ashley Hamlett, Esq., Director of Licensing, 334-242-4116, ahamlett@albme.org if you have questions.

Sincerely,
Alabama State Board of Medical Examiners

A handwritten signature in black ink that reads "Patricia E. Shaner".

Patricia E. Shaner
Associate General Counsel
Senior Licensing Director

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Limited Certificate of Qualification Renewal Application for the year 2020

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

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, required that all physicians holding 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.

Type in the following:

Name in Full (First, Middle, Last) _____

Name of Institution _____

Home Address _____

Telephone (H or C) _____

Email _____

License Number _____

Date Issued _____

Type of Limited License (circle one):

Resident Fellow Distinguished Professor Specialty Professor Visiting Professor State Institution

Number of years in current program or position _____

Please answer yes or no. If any of the answers is "yes," please explain in detail and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc.

YES NO

1. Do you limit your practice to the confines of the institution? If the answer is no, please explain.
2. Since you last renewed, have you successfully passed a licensing examination?
You answered yes, please choose: Board Certification USMLE COMLEX SPEX OTHER
3. Since you last renewed, have you successfully completed an ACGME accredited postgraduate year or fellowship? You answered yes, please choose year completed: 1 2 3
4. Have you in the past year been arrested for a violation of any Federal, State, or Local statute?
If the answer is yes, please explain.

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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? If the answer is yes, please explain.
6. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
7. Within the past year, 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?
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 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 the answer is yes, please include a detailed explanation.

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.

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?
10. 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?

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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 forgoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Date _____

Applicant's typed name _____

Date:

Typed name of Dean, Program Director, Chief Medical Office, Warden, Medical Director

Name of Program or State Institution