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

TELEPHONE
(334) 242-4153

APPLICATION FOR A SPECIAL PURPOSE LICENSE TO PRACTICE MEDICINE/OSTEOPATHY

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

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: (_____) _____

TYPE OF PRACTICE: _____

DATE: _____ SIGNATURE: _____

Specify One: MD/DO License

PLEASE ATTACH LICENSE FEE OF $75.00
MAKE CHECK PAYABLE TO MEDICAL LICENSURE COMMISSION OF ALABAMA

Please notify the Commission within 15 days of a change of address

For Office Use Only:
Board Agenda - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec