

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

TELEPHONE
334-242-4153

EMAIL
MLC@ALMLC.ORG

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

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

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: (_____) _____

TYPE OF PRACTICE: _____

PRACTICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE: (_____) _____

EMAIL ADDRESS: _____

DATE: _____ SIGNATURE: _____

Specify One: MD/DO License

Please specify the following:

Public Address:	<input type="checkbox"/> Home Address	<input type="checkbox"/> Practice Address
Mailing Address:	<input type="checkbox"/> Home Address	<input type="checkbox"/> Practice Address

LICENSE FEE \$75.00

**MAKE CHECK PAYABLE TO MEDICAL LICENSURE COMMISSION OF ALABAMA
OR PAY ONLINE AT albme.org**

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

Rule 540-X-3-.23, effective August 30, 1999 states that "a certificate of qualification issued by the Board shall be withdrawn by the Board after a period of six (6) months from the date of issuance unless the applicant has filed an application for a license to practice medicine with the Medical Licensure Commission of Alabama and paid the required fee.

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

-APPLICATION-
CONTROLLED SUBSTANCES REGISTRATION
CERTIFICATE

WARNING: SECTION 20-2-54, CODE OF ALABAMA 1975 (AS AMENDED) STATES THAT A REGISTRATION MAY BE SUSPENDED OR REVOKED BY THE BOARD UPON A FINDING THAT THE REGISTRANT HAS FURNISHED FALSE OR FRAUDULENT MATERIAL INFORMATION IN ANY APPLICATION.

Return Completed Application To:
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P.O. Box 946 • Montgomery, Alabama 36101
(334) 242-4116

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

All applicants must answer the following questions. If the answer to question A, B, C, D, or E is yes, the applicant must attach a complete explanation detailing all facts and circumstances.

- A. Has your privilege for dispensing or prescribing controlled substances ever been suspended, restricted, voluntarily surrendered while under investigation or revoked in any state? () Yes () No
- B. Have you ever been convicted of any state or federal crime relating to any controlled substance? () Yes () No
- C. Has your Federal DEA registration ever been suspended, restricted, revoked or voluntarily surrendered while under investigation? () Yes () No
- D. Have your staff privileges at any hospitals ever been suspended, restricted or revoked for any reason related to the prescribing or dispensing of controlled substances? () Yes () No
- E. 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) () Yes () No

If you answer "Yes", then a description is required.

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 last two years.

NOTICE: To lawfully administer, dispense or prescribe controlled substances in the state of Alabama, federal and state statues require a DEA certificate of registration and an Alabama Controlled Substances Registration Certificate. For further information regarding federal requirements contact DEA, Metairie, LA, 800-882-9539.

**THE ANNUAL FEE FOR THIS CERTIFICATE IS \$150.00
ENCLOSE YOUR CHECK WITH APPLICATION**

I swear (affirm) that the information set forth in this application for Alabama controlled substances registration certificate is true and correct to the best of my knowledge, information and belief.

Print Full Name of Applicant: _____

Signature of Applicant: _____ Date: _____

List Alabama Office Address: _____