

**ALABAMA BOARD OF MEDICAL EXAMINERS**

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

**OTHER STATE LICENSE VERIFICATION REQUEST**

Use this form to request verification of other state licenses.

This form does not have to be used if the State Medical Board has an online request process.

\_\_\_\_\_ Medical Board:  
[State]

I am applying for a license to practice medicine in the state of Alabama. The Alabama Board of Medical Examiners requires that your Board submit a written verification of my license in your state.

This is your authority to release information in your files, favorable or otherwise, to the:

Alabama Board of Medical Examiners  
P.O. Box 946  
Montgomery AL 36101

Or email [licensure@albme.org](mailto:licensure@albme.org).

NOTE: If the verification is emailed it **must** come from the state's medical board domain.

\_\_\_\_\_  
[Print/Type Applicant's Full name]

\_\_\_\_\_  
[License Number]

\_\_\_\_\_  
[Date Issued]

\_\_\_\_\_  
[Applicant's Signature]