



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

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MONTGOMERY, ALABAMA 36104

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Physician Assistant/Anesthesiologist Assistant registration termination request form

* indicates a required field

Physician's information

Physician's name: * [input field]

License number: * [input field]

Physician's practice address

Street address: * [input field]

Additional address: [input field]

City: * [input field]

State: * [input field]

Zip code: * [input field]

PA/AA information

PA/AA's name: * [input field]

License number: * [input field]

PA/AA's practice address

Street address: * [input field]

Additional address: [input field]

City: * [input field]

State: * [input field]

Zip code: * [input field]

PA/AA ceased providing services under the registration agreement on

Date (mm/dd/yyyy): * [input field]

Reason for termination: * [input field]

By entering my name and clicking the submit button I certify that the physician has read and understands the Alabama Board of Medical Examiners Rule 540-X-7-.20 regarding termination. I also understand that failure to adhere to the rules may result in an action against the physician's license.

Submitting person's name: *

Your email address: *

Confirm your email address: *