

**545-X-2-.09ER Joint Emergency Rule for Expedited Reinstatement**

**- COVID-19.** In accordance with the Proclamation of the Governor of the state of Alabama issued on April 2, 2020, a physician whose license has become inactive by operation of Ala. Code § 34-24-337, but who held a certificate of registration for any of the years 2017, 2018, or 2019, may apply to the Commission for the reinstatement of his or her license to practice medicine in the state of Alabama for the purpose of treating those suffering from or affected by the SARS-Cov-2/Covid-19 pandemic.

(1) Upon receipt of an application for reinstatement under this rule, the Commission shall verify that a certificate of registration of the applicant's medical license was issued for any of the years 2017, 2018, or 2019. Upon verification, the Commission shall notify the Board of Medical Examiners of such application.

(2) Once notified, the Board of Medical Examiners, or its designee, shall search its records, the National Practitioner's Databank, and any other resource available to determine whether the applicant:

(a) Has ever had his or her medical license subjected to discipline by any licensing agency in any state, federal, or foreign jurisdiction for any reason other than the non-payment or late payment of licensing fees;

(b) Has ever had a controlled substance license or permit suspended or revoked by any state or federal agency;

(c) Was under investigation by a licensing agency at the time their Alabama medical license lapsed;

(d) Has had any complaints filed with the Board of Medical Examiners against him or her since their Alabama medical license last lapsed;

(e) Has, to the extent the Board's resources will allow discovery, ever been convicted, adjudicated, or received deferred disposition of or for a felony offense, or any criminal offense related to fraud, violence, sexual violations, or the practice of medicine, or for any crime which would be a felony if committed in the state of Alabama;

(f) Is, to the extent the Board's resources will allow discovery, under investigation by any agency responsible for medical licensing or controlled substance permitting/licensing; and/or

(g) Is otherwise determined by the Board not to be acceptable for temporary reinstatement under this rule.

(3) In the event that the Board, or its designee, determines that none of the criteria set out in section 2 above exist, the Board shall notify the Commission that the applicant is acceptable for temporary reinstatement under this rule. The Board shall notify the Commission of such acceptance within one

business day where possible. In the event that any of the criteria set out in section 2 above do exist, the Board shall notify the Commission that the applicant does not qualify for temporary reinstatement under this rule.

(4) Upon receipt of notice from the Board that the applicant is acceptable for temporary reinstatement, the Commission, or its designee, shall reinstate the applicant's license to practice medicine in the state of Alabama subject to the following:

(a) Any physician whose license is reinstated by operation of this rule shall practice only to provide health care to individuals who are suffering from SARS-CoV-2 or individuals whose access to medical care has been adversely affected by the drain on medical resources occasioned by the Covid-19 pandemic;

(b) Any license temporarily reinstated by operation of this rule shall expire on December 31, 2020;

(c) A physician whose license has been reinstated by operation of this rule shall not be subject to continuing medical education requirements for the reinstatement or maintenance of the temporary license provided for in this rule;

(d) Applicants for the temporary reinstatement of a medical license under this rule shall not be required to pay a fee for the application or licensure.

(5) The Board may issue an Alabama Controlled Substances Certificate without fee to a physician whose license to practice medicine is temporarily reinstated under this rule, provided:

(a) The physician shall have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health; and

(b) The physician shall have or be eligible for an unrestricted registration issued by the United States Drug Enforcement Administration.

## **Expedited Reinstatement of Medical License COVID-19 Health Emergency**

Effective April 6, 2020:

The Commission has established **an expedited reinstatement** processes for physicians that have held an active Alabama medical license at some point since 1/1/2017. We anticipate this process to take approximately 48 hours from the time of application. There is no fee for the expedited reinstatement.

### Eligibility:

- Have never had a medical license subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the non-payment of fees related to a license
- Have never had a controlled substance license or permit suspended or revoked by a state or the U.S. DEA
- Is not currently, and was not under investigation by a licensing agency at the time their Alabama license lapsed
- Has not had any complaints filed since their license lapsed
- Has never been convicted, adjudicated, or received deferred disposition for a criminal offense

**NOTE: The expedited reinstatement process will only be available during a declared state of emergency, and applicants must have had an active Alabama medical license at some point since 1/1/2017 to be eligible. If your license expired prior to this date, you must file a standard reinstatement application. Licenses reinstated through this expedited process will expire on 12/31/20. If you plan to practice beyond 12/31/20, you will also need to complete our standard reinstatement process before 12/31/20.**

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

**TELEPHONE**  
334-242-4153

**EMAIL**  
mlc@almlc.org

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**EXPEDITED  
APPLICATION FOR REINSTATEMENT**

LICENSE NUMBER (if known) \_\_\_\_\_

NAME IN FULL: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TYPE OF INTENDED PRACTICE: \_\_\_\_\_

INTENDED PRACTICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Please specify the following:

Public Address:     Home Address     Practice Address  
Mailing Address:     Home Address     Practice Address

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**\*\* ALL ACTIVE LICENSES EXPIRE DECEMBER 31 OF EACH YEAR\*\***

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**CURRENT PRACTICE (If applicable)**

Specialty: \_\_\_\_\_

Board Certified: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Board (if yes above): \_\_\_\_\_

Date of Certification and/or Re-certification (if yes above): \_\_\_\_\_

**SINCE YOUR LICENSE WAS LAST ACTIVE IN ALABAMA (Unless otherwise indicated):**

1. Have you been charged with any criminal offense (felony or misdemeanor) (This includes driving under the influence (DUI), even if you were convicted of a lesser offense)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you been convicted of a crime or offense (felony or misdemeanor) in the practice of medicine?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Have you been convicted of any violation of a state or federal law relating to controlled substances?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Have you been denied a state or federal controlled substances certificate?

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed, voluntarily surrendered or disciplined in any manner?

\_\_\_\_\_ Yes \_\_\_\_\_ No

6. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, restricted, or voluntarily surrendered?

\_\_\_\_\_ Yes \_\_\_\_\_ No

7. Have you been denied a certificate of qualification or a license to practice medicine in any state, or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?

\_\_\_\_\_ Yes \_\_\_\_\_ No

8. Have you had a judgment rendered against you, or any actions settled relating to the performance of your professional service?

\_\_\_\_\_ Yes \_\_\_\_\_ No

9. Are you the subject of an investigation, or has a formal complaint against your license been filed by any licensing board, state, federal, regulatory or law enforcement agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No

10. Within the past two years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

\_\_\_\_\_ Yes \_\_\_\_\_ No

11. Do you \*currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner, or within the past two (2) years have you applied for and/or have you received any payment or other compensation for any mental or physical condition?

\_\_\_\_\_ Yes \_\_\_\_\_ No

12. Within the past five years, have you 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?

\_\_\_\_\_ Yes \_\_\_\_\_ No

13. Have you been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?

\_\_\_\_\_ Yes \_\_\_\_\_ No

14. Are you \*currently engaged in the illegal use of controlled dangerous substances?

\_\_\_\_\_ Yes \_\_\_\_\_ No



15. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

\_\_\_\_\_ Yes \_\_\_\_\_ No

16. 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?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\*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, or within the past two years.

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If you have answered yes to any of the foregoing questions, please provide a complete explanation.

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#### RELEASE/CERTIFICATION

I certify that the above information is currently accurate and truly reflects my professional activities on this date.

I understand that the information contained herein may be subject to public inspection or disclosure, and I hereby release the Alabama Medical Licensure Commission and the Alabama Board of Medical Examiners from any and all claims or liability associated with the use or dissemination of the information contained herein.

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Physician Signature

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Date

(For electronic signature) 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 foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief.

\*\*\* Please remit this PDF form by email to [mlc@almlc.org](mailto:mlc@almlc.org) \*\*\*