



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

P.O. Box 946
Montgomery, AL
36101-0946

Telephone
(334) 242-4116

Dispensing Physician's Registration Form

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

Federal law requires a separate DEA registration for each practice/dispensing location. Do not add additional practice/dispensing locations unless you have applied for and obtained additional DEA registrations.

Physician Name: _____	LIC. # _____
Primary practice/dispensing location: _____	
City _____	State _____ Zip _____
Phone No. (____) _____	DEA No.: _____ Expiration date _____

Additional practice/dispensing location: _____	
City _____	State _____ Zip _____
Phone No. (____) _____	DEA No.: _____ Expiration date _____
Additional practice/dispensing location: _____	
City _____	State _____ Zip _____
Phone No. (____) _____	DEA No.: _____ Expiration date _____
Additional practice/dispensing location: _____	
City _____	State _____ Zip _____
Phone No. (____) _____	DEA No.: _____ Expiration date _____

Completed this _____ day of _____, 20_____.

I hereby certify the foregoing information to be correct to the best of my knowledge, information and belief [OR] 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.

Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

Physician/Osteopath Signature

NOTE: The rules of the Board of Medical Examiners require that a new registration form be filed when there is any change in the registrants' principal or additional practice locations and when you renew your DEA or change your DEA information.