

ALABAMA BOARD OF MEDICAL EXAMINERS

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

licensing@albme.org

POST GRADUATE EDUCATION CERTIFICATE

Appendix B

Certificate of Post Graduate Education Training

I, _____ of
[name] [Administrator / Medical Education Director / Director of Residency Program]

_____, certify that the records of this Program show that
[school / institution name]

_____ is currently enrolled in the _____ year of post graduate training OR has
[applicant's name] [1st/2nd/3rd]

successfully completed _____ Year/Years of post graduate training* in this program from _____ to _____.
[1/2/3] [start date] [end date]

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? Yes No
If yes, please attach a copy of the written notification to the individual.

Does this individual's record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? Yes No
If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect that he/she was ever notified in writing that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? Yes No
If yes, please attach a copy of the written notification to the individual.

Date: _____

Print/Type Name

Signature of Administrator or Director

Candidates who graduated from an LCME accredited medical school or AOA approved college of osteopathy need to have one (1) year certified.

Candidates who graduated from a non-LCME accredited medical school or non-AOA accredited college of osteopathy need three (3) years certified.

*"has completed _____ years of post graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

Instructions to individual completing this form: Please complete, sign and return to the Alabama Board of Medical Examiners at the above physical or email address; licensure@albme.org (email must originate from school/institution domain). **Please do not send this certification back to the applicant. The Board will not consider this certificate unless it is received directly from the institution.**