



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

848 Washington Ave, Montgomery, AL 36104-0946 / (334) 242-4116



Limited Certificate of Qualification Renewal Application

If you meet the qualifications for a full medical license, you do not qualify for a limited license.

Section 34-24-75, Code of Alabama 1975, as amended, requires that all physicians holding a limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to the Medical Licensure Commission renewing the actual license. In accordance with this section you are required to accurately complete this application. Once the application has been completed please return it to the institution so that we may obtain the certification of either the Dean, Program Director or Chief Medical Officer. Please attach the \$15 renewal fee made payable to the Board of Medical Examiners.

Name in Full: _____ MD ____ DO ____
(First) (Middle) (Last)

Alternate name(s) used: _____

Name of Institution: _____

Home Address: _____

Telephone Number: _____ Email Address: _____

License Number: _____ Date Issued: _____

Type of Limited License: (Please Choose One):

_____ **Resident.** Number of years in current residency program: _____

_____ **Fellow.** Number of years in current fellowship program: _____

_____ **Specialty Professor.** Number of years in current teaching position: _____

_____ **Distinguished Professor.** Number of years in current teaching position: _____

_____ **Visiting Professor.** Number of years in current teaching position: _____

_____ **State Institution.** Number of years in current position: _____

Please answer **Yes** or **No**. If any of the answers are “yes,” please explain in detail and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc.

1. Do you limit your practice to the confines of the institution?
If the answer is no, please explain. Yes ☐ No ☐
2. Since you last renewed, have you successfully passed a
licensing examination? Please choose:
___Board Certification ___USMLE ___COMLEX ___SPEX
___Other Yes ☐ No ☐
3. Since you last renewed, have you successfully completed an
ACGME accredited postgraduate year or fellowship?
Please choose year completed: ___ 1 ___ 2 ___ 3 Yes ☐ No ☐
4. Have you in the past year been arrested for a violation of any
Federal, State or Local statute? Yes ☐ No ☐
5. Have you in the past year been directed to appear before any
medical examining board, hospital staff, professional society or
institution for disciplinary action? Yes ☐ No ☐
6. Have you ever been diagnosed as having or have you ever been
treated for pedophilia, exhibitionism, or voyeurism? Yes ☐ No ☐
7. Within the past year, have you ever raised the issue of
consumption of drugs or alcohol or the issue of 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 ☐
8. Since you last renewed have you engaged in the excessive use of
alcohol, controlled substances, or the use of illegal drugs, or
received any therapy or treatment for alcohol or drug use, sexual
boundary issues, or mental health issues? (If you are an
anonymous participant in the Alabama Professionals Health
Program and are in compliance with your contract, you may
answer “No” to this question. Such answer for this purpose will
not be deemed upon certification as providing false information
to the Alabama Board of Medical Examiners or Medical
Licensure Commission of Alabama.) If the answer is **Yes**, please
include a detailed explanation. Yes ☐ No ☐

Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Professionals Health Program (334-954-2596), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

_____ Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

9. Have you been, within the past year, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

Yes ☐ No ☐

10. Has your medical education, training, or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

Yes ☐ No ☐

Applicant's [typed] Signature: _____ Date: _____

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.

Typed Name of Dean, Program Director, Chief Medical Officer, Warden, Medical Director:

_____ Date: _____

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.

Name of Program or State Institution: _____