ALABAMA BOARD OF MEDICAL EXAMINERS

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

MEDICAL SCHOOL CERTIFICATION

Appendix A

Certificate of Dean, President, or Registrar

It is hereby certified that			matriculat	ed in
	[applicant name]			
at		from		to
[medicine/osteopathy]	[name of school]		[start date]	
and re	eceived a diploma conferring the degree	of Doctor of		
[end date]				
Medicine/Osteopathy on				
· · · · · · · · · · · · · · · · · · ·	[date]			
individual's medical education. Pleas	g questions apply to unusual circumstar e mark the correct response and provide require a copy of explanatory records or	e dates and requested	d information. <u>"</u>	
Does this individual's official record redisciplinary probation? If yes, please attach a copy of the wri	eflect that he/she was ever placed on ac	cademic or	Yes	No
unprofessional conduct/behavioral rea	eflect that he/she was ever disciplined for asons by the medical school or parent uniten notification to the individual of the		Yes	No
			Yes	No
Date:				
Print/Type Name		ture of Dean. Preside	nt. or Registrar	

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; credentialing@albme.gov (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.