

APA-3

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on Thursday, February 20, 2025, and filed with the agency secretary on Friday, February 28, 2025.

AGENCY NAME: Alabama Board of Medical Examiners

INTENDED ACTION: Repeal and Replace

RULE NO.: 540-X-3-Appendix-A

(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

RULE TITLE: Application For Certificate Of Qualification To Practice Medicine In Alabama

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes. No comments received

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XLIII, ISSUE NO. 3, AAM, DATED TUESDAY, DECEMBER 31, 2024.

STATUTORY RULEMAKING AUTHORITY: Ala. Code § 34-24-70

(Date Filed)
(For LRS Use Only)

REC'D & FILED
MAR 14, 2025
LEGISLATIVE SVC AGENCY

William M. Perkins

William M Perkins

Certifying Officer or his or her
Deputy

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.)

540-X-3-Appendix-A

**Application For Certificate Of
Qualification To Practice Medicine In
Alabama.**

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

Application is made via the Federation of State Medical Boards' Uniform Application (<https://web.archive.org/web/20220621041332/https://www.fsmb.org/uniform-application/>).

Required demographic information:

Please DO NOT provide contact information for office managers, assistants, or license assistance companies.

Name in full (First, Middle, Last, M.D./D.O.)

Alternate name(s) used

Address (Street, City, State, Zip)

Email address

Place of birth

Date of birth

Social Security Number (Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete and no license will be issued)

Sex

Telephone (H or C)

Telephone (W)

Provide a brief description and the location of your intended medical practice in the State of Alabama.

Required background information:

If your answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Have you ever been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine, state or federal controlled substances laws, or driving under the influence (DUI)?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Have you ever been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Have you ever had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful

death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Have you ever had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Have you ever been denied a license to practice medicine in any state or jurisdiction or has your application for a license to practice medicine been withdrawn under threat of denial?

7. Has your certificate of qualification or license to practice medicine in any state or jurisdiction ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

11. Within the past five years, have you raised the issue of any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during 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?

12. The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Alabama Professionals Health Program, 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.

I have read and understand the statements above.

[Applicant Attestation]

Education/Training/Experience:

13. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

14. Has your medical education, training, or medical 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?

15. Have you ever been placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program?

16. Were limitations or special requirements imposed on you because of questions of academic, clinical, or disciplinary problems, or any other reason during your medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination?

17. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?

18. Pre-Medical education: List all schools attended, undergraduate and post-graduate education other than medical school, dates attended, and degree conferred.

19. Medical School: List all medical schools attended, dates, and complete addresses of institutions. Do not list post-graduate medical education training.

20 Post-Graduate medical education training: List all post-graduate medical education training since graduation from medical school, dates, and complete addresses of institutions. Do not list practice experience.

21. Activities following medical school and training: List all practice experience since completion of your formal training, providing dates, institutions/hospitals, and complete addresses.

22. Original full license (if applicable): Provide name of state/territory, date issued, license number, and examination taken.

Has this license been the subject of any disciplinary action? If yes, please provide summary and supporting documentation.

23. List all states where you have been licensed to practice medicine.

List all licenses including training or educational licenses.

24. List all hospital privileges: List all hospitals where you have held staff privileges of any type, providing dates, hospital names, and complete addresses.

Specialty/Examinations

25. Specialty (if applicable): (choose from list)

26. Specialty board certification: Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?

If yes, have your specialty board send verification to the Board.

27. Have you been certified or re-certified within the past ten years by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association?

28. Have you successfully completed a written licensing examination within the last ten years (e.g., USMLE, NBOME, SPEX)?

Release

I, [name prints here], certify that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the denial of this application or the revocation of my license to practice medicine and criminal prosecution to the fullest extent of the law. I further consent to and authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information, and I release the Alabama Board of Medical Examiners from all liability for the release of this information. I further consent to and authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners, and I release this individual or organization from any liability for the release of information.

Applicant's signature

Photograph

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

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §34 24 70.

History: Filed November 9, 1982. **Repealed and new rule adopted in lieu thereof:** Filed November 25, 1985. **Amended:** Filed May 22, 1989. **Repealed and Replaced:** Filed December 17, 1997;

effective January 21, 1998. **Amended:** Filed July 26, 1999;
effective August 30, 1999. **Amended:** Filed August 18, 2006;
effective September 22, 2006. **Amended:** Filed December 13, 2007;
effective January 17, 2008. **Amended:** Filed October 22, 2009;
effective November 26, 2009. **Amended:** Filed May 16, 2013;
effective June 20, 2013. **Amended:** Filed July 22, 2013;
effective August 26, 2013. **Amended:** Filed March 20, 2014;
effective April 24, 2014. **Repealed and New Rule:** Filed February
27, 2018; effective April 14, 2018. **Amended:** Filed August 22,
2018; effective October 6, 2018. **Amended:** Filed April 16, 2019;
effective May 31, 2019. **Amended:** Published February 28, 2020;
effective April 13, 2020. **Repealed and New Rule:** Published
December 30, 2022; effective February 13, 2023. **Repealed and New
Rule:** Published March 31, 2025; effective May 15, 2025.