

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 Monday, March 3, 2025.

**AGENCY NAME:** Alabama Board of Medical Examiners

**INTENDED ACTION:** Repeal and Replace

**RULE NO.:** 540-X-3-Appendix-F

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

**RULE TITLE:** Application For Reinstatement Of Certificate Of Qualification

**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.)

Application For Reinstatement Of  
Certificate Of Qualification.

Application for Reinstatement of Certificate of Qualification

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

Required demographic information:

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)

Date of revocation/suspension/surrender of certificate of qualification  
Reasons for revocation/suspension/voluntary surrender of certificate or license (please give detailed reasons)

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 or 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?

I hereby authorize the release of any information concerning me in your files, favorable or otherwise, to the Alabama Board of Medical Examiners. A copy of this authorization shall be as valid as the original.

### 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 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

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.

Date

**Applicant's typed name**

**Author:** Alabama Board of Medical Examiners

**Statutory Authority:** Code of Ala. 1975, §§34 24 70, 34 24 73, 34 24 75.

**History: Amended:** Filed February 17, 2012; effective March 23, 2012. **Amended:** Filed March 20, 2014; effective April 24, 2014. **Repealed and New Rule:** Filed February 27, 2018; effective April 14, 2018. **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.