

APA-1

TRANSMITTAL SHEET FOR NOTICE  
OF INTENDED ACTION

Control: 540

Department or Agency: Alabama Board of Medical Examiners

Rule No.: 540-X-27-.04

Rule Title: Application For A Bridge Year Graduate Physician Permit

Intended Action Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

William M. Perkins  
William M Perkins

Date

Friday, June 13, 2025

REC'D & FILED

JUN 13, 2025

LEGISLATIVE SVC AGENCY

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-27-.04 Application For A Bridge Year Graduate  
Physician Permit

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

Amend health/fitness to practice questions. This amendment meets the "protection of public health" exemption from the moratorium on rule amendments contained in Governor Ivey's Executive Order No. 735, Reducing "Red Tape" on Citizens and Businesses.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or email (publiccomment@albme.gov), until and including Aug. 4, 2025. Persons wishing to submit data, views, or comments in person should contact Carla Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Monday, August 4, 2025

CONTACT PERSON AT AGENCY:

Carla Kruger

*William M. Perkins*

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William M Perkins

(Signature of officer authorized  
to promulgate and adopt  
rules or his or her deputy)

**Application For A Bridge Year Graduate  
Physician Permit.**

(1) To apply for a permit to practice as a bridge year graduate physician, an individual must complete the following:

(a) Submit an application on form(s) approved by the Board;  
and

(b) Pay to the Board in advance the required application fee of \$200.00. This fee is nonrefundable once payment is received by the Board.

(c) For the purposes of determining an applicant's suitability to obtain a permit to practice as a bridge year graduate physician, each applicant shall submit to a criminal history background check.

1. Each applicant shall submit to the Board a complete set of fingerprints, either inked cards or electronically, properly executed by a law enforcement agency or an individual properly trained in fingerprinting techniques.

2. The Board shall submit the fingerprints provided to the State Bureau of Investigation (SBI). The fingerprints shall be forwarded by the SBI to the Federal Bureau of Investigation (FBI) for a national criminal history record check.

3. The applicant shall pay directly to the Board, or its designee, a criminal background check fee of sixty--five dollars (\$65.00).

4. The Board shall keep information received pursuant to this subsection confidential, except that such information received and relied upon in denying the issuance of a permit to practice as a bridge year graduate physician in this state may be disclosed as may be necessary to support the denial.

(d) An applicant for a bridge year graduate physician permit shall disclose whether:

1. Applicant has 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 professional healthcare practice ~~of medicine or~~, state or federal

controlled substances laws, or driving under the influence (DUI).

NOTE: 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. Applicant has 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. A judgment has ever been rendered against the applicant or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of the applicant's professional service ("malpractice").

4. As of the date of the application, applicant is the subject of an investigation or proposed action by any law enforcement agency.

5. Applicant has 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. Applicant's medical education, training, or medical practice been interrupted or suspended, or applicant 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.

7. Applicant was ever placed on academic or disciplinary probation by, or been required to remediate any portion of, a medical school or postgraduate program.

8. Applicant had limitations or special requirements imposed because of questions of academic, clinical, or disciplinary problems, or any other reason during his or her medical education or postgraduate training, such as repeating a class or classes or taking time off from school to study for an examination.

9. Applicant has ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program.

10. Applicant has ever been denied prescription privileges for non-controlled or legend drugs by any state or federal authority.

11. Applicant has ever been denied a permit to practice as a bridge year graduate physician, or the equivalent, in any state or jurisdiction, or has had an application for a permit to practice as a bridge year graduate physician, or the equivalent of, withdrawn under threat of denial.

12. Applicant's certification or permit to practice as a bridge year graduate physician, or the equivalent, in any state or jurisdiction has ever been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine.

13. Applicant's privileges at any hospital or health care facility have ever been revoked, suspended, curtailed, limited, or placed under conditions restricting applicant's practice, if applicable.

14. As of the date of the application, applicant is the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility.

15. Applicant ~~has ever been diagnosed as having or has ever been treated for pedophilia, exhibitionism, or voyeurism~~ is currently suffering from any condition that impairs their judgment or that would otherwise adversely affect their ability to practice medicine in a competent, ethical, and professional manner.

16. Applicant, within the past five years, has raised the issue of ~~consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral~~ any physical or psychiatric health disorder ~~or condition~~ as a defense, mitigation, or explanation for applicant's 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.

17. ~~Applicant, within the past five years, has been convicted of driving under the influence (DUI), or has been charged with DUI and been convicted of a lesser offense such as reckless driving.~~

~~18. Applicant is currently engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues.~~

~~(i) If applicant is an anonymous participant in the Alabama Professionals Health Program and is in compliance with their assistance agreement, they 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.~~

~~(ii) The term "currently" as it is used in the paragraph above does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a bridge year graduate physician within the last two years.~~

~~(iii) Applicant shall initial certifying an understanding of a statement of the duty as a permittee to address any such condition, which states as follows:~~

~~IMPORTANT:~~ The Board recognizes that applicants~~licensees~~ encounter potentially impairing health conditions, ~~including those involving mental health and substance use disorders,~~ 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 applicants~~licensees~~ to address their health concerns ~~and,~~ both mental and physical, in a timely manner to ensure patient safety. ~~Options include anonymously self-referring~~ to 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 ~~(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 applicant~~licensee~~ is unable to practice medicine with reasonable skill and safety to ~~patients,~~ can result in the Board taking action against the permit.~~license to practice medicine.~~

I have read and understand the statements above.  
[Applicant Attestation]

(e) The application form for a bridge year graduate physician permit will request the following of the bridge year graduate physician:

1. Name, home address, email address, place and date of birth, social security number, gender, telephone number(s), education and training experience, specialty, if applicable, examination history, a color photograph taken within sixty days prior to the date of the application, medical school certification, and any additional information the Board deems relevant to the application process.

(f) The application form for a bridge year graduate physician permit and/or a corresponding form for a supervising physician will request the following of the supervising physician:

1. Name, Alabama medical license number, medical specialty, board certification, residency completion date, name of program and completion date of any fellowship, or other supervised training program, principal practice site, telephone number, name and address of the bridge year graduate physician's practice location(s), the number of hours the bridge year graduate physician will practice per week, job description and approved formulary of the bridge year graduate physician, covering physician agreements, if applicable, a certification of the understanding of the responsibilities of a supervising physician, and any additional information the Board deems relevant to the application process.

**Author:** Alabama Board of Medical Examiners

**Statutory Authority:** Code of Ala. 1975, §34-24-75.2 and Act No. 23-233.

**History: New Rule:** Published May 31, 2024; effective July 15, 2024. Amended: Published ; effective .