

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

ALABAMA BOARD OF MEDICAL EXAMINERS  
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

Alternate name(s) used

Name of Institution

Home address

Telephone number (H/C)

Email address

License Number

Date Issued

Type of Limited License: (Please Choose One):

Resident

You checked Resident; number of years in current residency program

Fellow

You checked Fellow; number of years in current fellowship program

Specialty Professor

You checked Specialty Professor; number of years in current teaching position

Distinguished Professor

You checked Distinguished Professor; number of years in current teaching position

Visiting Professor

You checked Visiting Professor; number of years in current teaching position

State Institution

You checked 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.

2. Since you last renewed, have you successfully passed a licensing examination? You answered yes, please choose: board certification USMLE COMLEX SPEX Other

3. Since you last renewed, have you successfully completed an ACGME accredited postgraduate year or fellowship? You answered yes, please choose year completed: 1 2 3

4. Have you in the past year been arrested for a violation of any Federal, State or Local statute? If the answer is yes, please explain.

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?  
If the answer is yes, please explain.

6. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

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?

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.

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?

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?

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

Date

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

Name of Program or State Institution