



APA-2  
6/93

**ALABAMA STATE BOARD  
OF MEDICAL EXAMINERS**

**NOTICE OF INTENDED ACTION**

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X-3, Certificate of Qualification, Appendix B, Application for Certificate to Practice Medicine through Examination

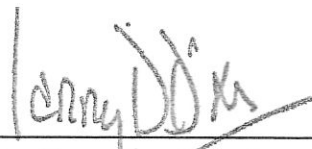
INTENDED ACTION: To amend the rule.

SUBSTANCE OF PROPOSED ACTION: To amend the application to add a question asking if applicant has been diagnosed with or treated for any sexual boundary violation

TIME, PLACE, 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: Patricia E. Shaner, General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including Thursday, March 7, 2014. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Patricia E. Shaner, by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: March 7, 2014

CONTACT PERSON AT AGENCY: Patricia E. Shaner



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Larry D. Dixon, Executive Director

**ALABAMA BOARD OF MEDICAL EXAMINERS**

P.O. Box 946 — Montgomery, AL 36101  
848 Washington Avenue - 36104  
(334) 242-4116

**APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH EXAMINATION**

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

M.D.  
D.O. (Choose One)

1. Name in Full \_\_\_\_\_  
First Middle Last
2. Address \_\_\_\_\_  
Street City State Zip
3. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_
4. Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
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.

|  | YES   | NO    |
|--|-------|-------|
| 5. Have you ever been convicted of a felony? (If yes, please provide the name of the court of record or a copy of the record of conviction.)   | _____ | _____ |
| 6. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction.)   | _____ | _____ |
| 7. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction.)  | _____ | _____ |
| 8. Have you ever been denied a state or federal controlled substance certificate?  | _____ | _____ |
| 9. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?  | _____ | _____ |
| 10. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?   | _____ | _____ |
| 11. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?  | _____ | _____ |
| 12. To your knowledge, have you ever been or are you now, the subject of an investigation?   | _____ | _____ |
| 13. Have you previously taken any written licensing examination in this or any other state? If yes, please list the examination(s) and the date(s) taken on a separate sheet of paper.   | _____ | _____ |
| 14. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?  | _____ | _____ |
| 15. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?!  | _____ | _____ |
| 16. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your resignation; any inquiry or investigation; any termination by an educational institution; or any termination by an administrative or judicial proceeding or investigation; any inquiry or investigation by an employer; government agency, or for any sexual boundary violation? | _____ | _____ |
| 17. Have you ever been diagnosed with pedophilia, exhibitionism, or voyeurism? or have you ever been treated for pedophilia, exhibitionism, or voyeurism?  | _____ | _____ |
| 18. Are you currently engaged in the illegal use of controlled dangerous substances?!  | _____ | _____ |
| 19. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?  | _____ | _____ |
| 20. Have you been within the past five years, 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?  | _____ | _____ |
| 21. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?   | _____ | _____ |
| 22. Have you ever been placed on academic or disciplinary probation by a medical school or postgraduate program?   | _____ | _____ |

- |  | YES   | NO    |
|--|-------|-------|
| 23. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?  | _____ | _____ |
| 24. Were you notified in writing that there were limitations or special requirements imposed on you because of questions of academic or clinical incompetence, disciplinary problems or any other reason during your medical education or postgraduate training? | _____ | _____ |

'The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

**IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.**

25. Military Service, Branch \_\_\_\_\_ Dates \_\_\_\_\_
26. Place of Intended Residence in Alabama \_\_\_\_\_

**I. PRELIMINARY AND PRE-MEDICAL EDUCATION**

List all schools attended, elementary through college and post-graduate work other than medical school.

|    | Name of School | Dates Attended | Degree Conferred |
|----|----------------|----------------|------------------|
| 1. | _____          | _____          | _____            |
| 2. | _____          | _____          | _____            |
| 3. | _____          | _____          | _____            |
| 4. | _____          | _____          | _____            |
| 5. | _____          | _____          | _____            |
| 6. | _____          | _____          | _____            |
| 7. | _____          | _____          | _____            |

**II. MEDICAL EDUCATION**

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

|    | Name of School      | Address |
|----|---------------------|---------|
| 1. | From _____ to _____ | _____   |
| 2. | From _____ to _____ | _____   |
| 3. | From _____ to _____ | _____   |

**III. POST GRADUATE MEDICAL EDUCATION TRAINING**

List all post graduate medical education training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

|    | Hospital/Institution | Address |
|----|----------------------|---------|
| 1. | From _____ to _____  | _____   |
| 2. | From _____ to _____  | _____   |
| 3. | From _____ to _____  | _____   |
| 4. | From _____ to _____  | _____   |
| 5. | From _____ to _____  | _____   |
| 6. | From _____ to _____  | _____   |

Specialty(s) \_\_\_\_\_

**IV. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING**

List all practice experience since completion of your residency training giving dates, institutions/hospitals, and complete address. Use separate sheet if necessary.

|                         | Place | Address |
|-------------------------|-------|---------|
| 1. From _____ to _____  | _____ | _____   |
| 2. From _____ to _____  | _____ | _____   |
| 3. From _____ to _____  | _____ | _____   |
| 4. From _____ to _____  | _____ | _____   |
| 5. From _____ to _____  | _____ | _____   |
| 6. From _____ to _____  | _____ | _____   |
| 7. From _____ to _____  | _____ | _____   |
| 8. From _____ to _____  | _____ | _____   |
| 9. From _____ to _____  | _____ | _____   |
| 10. From _____ to _____ | _____ | _____   |

**V. HOSPITAL PRIVILEGES**

List all hospitals where you have held staff privileges of any type. Attach sheet if necessary.

|                         | Hospital | Address |
|-------------------------|----------|---------|
| 1. From _____ to _____  | _____    | _____   |
| 2. From _____ to _____  | _____    | _____   |
| 3. From _____ to _____  | _____    | _____   |
| 4. From _____ to _____  | _____    | _____   |
| 5. From _____ to _____  | _____    | _____   |
| 6. From _____ to _____  | _____    | _____   |
| 7. From _____ to _____  | _____    | _____   |
| 8. From _____ to _____  | _____    | _____   |
| 9. From _____ to _____  | _____    | _____   |
| 10. From _____ to _____ | _____    | _____   |
| 11. From _____ to _____ | _____    | _____   |
| 12. From _____ to _____ | _____    | _____   |
| 13. From _____ to _____ | _____    | _____   |
| 14. From _____ to _____ | _____    | _____   |

**VI. STATE LICENSURE  
(If Applicable)**

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. It is a requirement that each state complete one of the verification forms which will be attached to your application.

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**VII. AFFIDAVIT AND RELEASE**

I, \_\_\_\_\_, certify after being duly sworn, 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 revocation of my license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connect with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further 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 release this person or any organization from any liability for the release of information.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

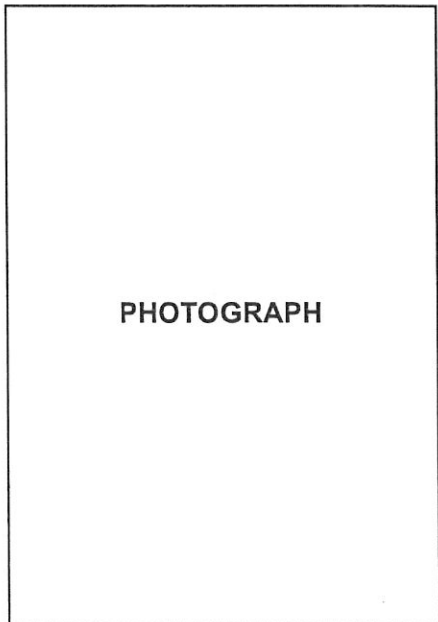
County of \_\_\_\_\_

State of \_\_\_\_\_

SWORN to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



**THE ALBME WILL ENFORCE THE BOARD'S RULES AND OPTIONS FOR THE ISSUANCE OF NON-DISCIPLINARY CITATION AND ADMINISTRATIVE CHARGE WHEN AN APPLICANT FALSIFIES AN APPLICATION.**

**ALABAMA BOARD OF MEDICAL EXAMINERS**  
P.O. Box 946 — Montgomery, Alabama 36101  
848 Washington Avenue — 36104

**APPENDIX A**

**MEDICAL SCHOOL CERTIFICATION**

**CERTIFICATE OF DEAN OR PRESIDENT**

It is hereby certified that \_\_\_\_\_ of \_\_\_\_\_  
matriculated in \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_  
to \_\_\_\_\_ and received a diploma from \_\_\_\_\_  
conferring the degree of Doctor of Medicine/Osteopathy on \_\_\_\_\_.

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation?  
If yes, please attach a copy of the written notification to the individual. Y N

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/  
behavioral reasons by the medical school or parent university? If yes, please attach a copy of the written  
notification to the individual of the disciplinary action. Y N

Does this individual's official record reflect that that there were any limitations or special requirements  
imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems,  
or any other reason? If yes, please attach a copy of the written notification to the individual. Y N

Date \_\_\_\_\_

\_\_\_\_\_  
President, Secretary or Dean

(SEAL)

**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address, Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

**ALABAMA BOARD OF MEDICAL EXAMINERS**

P.O. Box 946 — Montgomery, Alabama 36101

848 Washington Avenue - 36104

**APPENDIX B**

**POST GRADUATE EDUCATION CERTIFICATE**

**CERTIFICATE OF POST GRADUATE EDUCATION TRAINING**

I, \_\_\_\_\_, Administrator, Medical Education Director OR Director of Residency Training Program (circle one)  
of \_\_\_\_\_ certify that the records of this Program show that  
\_\_\_\_\_ is currently enrolled in the \_\_\_ year of post graduate training OR has successfully  
completed \_\_\_ year/years of post graduate training\* in this program from \_\_\_\_\_ 20 \_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_.

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation?  
If yes, please attach a copy of the written notification to the individual. Y    N

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? If yes, please attach a copy of the written notification to the individual of the disciplinary action. Y    N

Does this individual's official record reflect that he/she was ever notified in writing that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical competence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual. Y    N

Date \_\_\_\_\_

\_\_\_\_\_  
Administrator of Hospital  
Medical Education Director  
Director of Residency Training

(SEAL OF PROGRAM)

Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

\*"has completed \_\_\_ years of post graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.



**ALABAMA BOARD OF MEDICAL EXAMINERS  
DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN  
ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code §§ 31-13-1, *et. seq.*, prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Ala. Code §§ 31-13-1, *et. seq.*, also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

**Directions: This form must be completed and submitted by individuals applying for licenses or permits.**

**SECTION 1 --- APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
(Print or Type)                      (Last)    (First)    (M.I.)

DATE OF BIRTH: \_\_\_\_\_

**SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS**

Are you a citizen or national of the United States (check one)     Yes     No

If you answered **YES**: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered **No**: Complete Sections III and IV.

Name of document provided: \_\_\_\_\_

**SECTION III - ALIEN STATUS**

Are you an alien lawfully present in the United States?     Yes     No

If you answered **Yes**: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered **No**: Complete Section IV.

Name of document provided: \_\_\_\_\_

**SECTION IV -- DECLARATION**

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**LIST A**

**DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP**

- (1) The applicant's driver's license or nondriver's identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver's identification card that the person has provided satisfactory proof of United States citizenship.
- (2) The applicant's birth certificate that satisfactorily verifies United States citizenship.
- (3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.
- (4) The applicant's United States naturalization documents or the number of the certificate of naturalization.
- (5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.
- (6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- (7) The applicant's consular report of birth abroad of a citizen of the United States of America.
- (8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
- (9) The applicant's certification of report of birth issued by the United States Department of State.
- (10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- (11) The applicant's final adoption decree showing the applicant's name and United States birthplace.
- (12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.
- (13) An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.

Ala. Act #2011-535, Section 30(c) and Section 29(k).

## LIST B

### DOCUMENTS INDICATING STATUS OF QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk (“\*”).

#### a. **“Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

##### **Alien Lawfully Admitted for Permanent Residence**

- Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on \* I Form-94.

##### **Asylee**

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated “274.a12(a)(50”;
- \* Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

##### **Refugee**

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
- \* Form I-766 (Employment Authorization Document) annotated “A3”

##### **Alien Paroled Into the U.S. for at Least One Year**

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.  
(Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

##### **Alien Whose Deportation or Removal Was Withheld**

- \* Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10);
- \* Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

##### **Alien Granted Conditional Entry**

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- \* Form I-688B (Employment Authorization Document) annotated “274a.12(a)(3)”;
- \* Form I-766 (Employment Authorization Document) annotated “A3.”

##### **Cuban / Haitian Entrant**

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212(d)(5) of the INA.

##### **Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty**

- U.S. Citizenship and Immigration Service petition and supporting documentation