



APA-2  
6/93

ALABAMA MEDICAL LICENSURE COMMISSION

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medical Licensure Commission

RULE NO. & TITLE: 545-X-6, Appendix B: Application for Renewal of a Special Purpose License

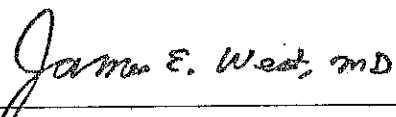
INTENDED ACTION: To amend 545-X-6, Appendix B

SUBSTANCE OF PROPOSED ACTION: To amend application for collection of more effective contact information.

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: Karen H. Silas, Executive Assistant, Alabama Medical Licensure Commission, Post Office Box 887, Montgomery, Alabama 36101-0887, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including Tuesday, November 3, 2015. Persons wishing to obtain copies of the text of this rule and submit data, views or comments or arguments orally should contact Karen H. Silas, by telephone (334-242-4153) 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: November 3, 2015

CONTACT PERSON AT AGENCY: Karen H. Silas

  
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James E. West, M.D., Chairman

545-X-6, Appendix B - Application for Renewal of a Special Purpose License

**20XX Special Purpose License Renewal Application**

Deadline is December 31, 20 Renew online @

Mailing Address: (For Official Correspondence Only)

State of Alabama  
Medical Licensure Commission  
P.O. Box 887  
Montgomery, Alabama 36101-0887  
334-242-4153



Renewal Fee: \$300

Failure to renew this license will result in the current license becoming inactive and you must reapply to the Alabama Board of Medical Examiners for a new certificate of qualification.

FAILURE TO RENEW THIS LICENSE BY DECEMBER 31 WILL RESULT IN LICENSE BECOMING INACTIVE WITHOUT FURTHER NOTICE

License: **SP** .

Under Alabama law, this document is a public record and if requested it will be provided in its entirety.

Physical Home Address (No PO Box)

City, State, Zip:

(Alabama) County:

Home Telephone: ()

Home Email

Specialty: Primary:  
Secondary:

Board Certified: Yes [ ] No [ ]  
Board Certified: Yes [ ] No [ ]

Are you licensed in another state: Yes [ ] No [ ] Please list Which ones: [ ] [ ] [ ]

Please choose which address you would like to be your PUBLIC Address. The public address will be the address given out if an address is requested.

[ ] Home Address [ ] Mailing Address [ ] Practice/Work Address

**PRACTICE INFORMATION**

Physical Practice/Work Address (No Po Box)

City, State, Zip:

(Alabama) County:

Practice/Work Telephone: ()

Practice/Work Email

Primary Hospital where you have staff privileges:

Name: \_\_\_\_\_ City/State:



**545-X-6, Appendix B - Application for Renewal of a Special Purpose License**

**Amended:** Approved for Publication August 31, 2015; Filed September 10, 2015