

**ALABAMA BOARD OF MEDICAL EXAMINERS**  
P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

**INFORMATION/INSTRUCTIONS**

**Applicant for a Certificate of Qualification**

**LICENSURE TEST SCORES REQUEST**

USMLE, FLEX and/or SPEX Scores

- If you have taken the USMLE, FLEX or SPEX you will need to contact the Federation of State Medical Boards and have them send the scores directly to our office. They will only accept an electronic request. Please contact them at: <http://www.fsmb.org/transcripts/>

NBME

- If you have taken the NBME you will need to contact the National Board of Medical Examiners and have them send the certification directly to our office. Please contact them at: <http://www.nbme.org>

NBOME and COMLEX

- If you have taken the NBOME or the COMLEX you will need to contact the National Board of Osteopathic Medical Examiners and have them send the certification directly to our office. Please contact them at: <http://www.nbome.org>

**EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG)**

- If you are an International Medical Graduate (IMG) and want to request a Status Report, please contact them at: <https://www.ecfm.org/cvs/requesting-status-report.html>

**CRIMINAL HISTORY INFORMATION RELEASE FORM**

- Include last name, first name, middle name and any other name used, meaning: maiden name, surname or alias name, street address, city, state, zip code of the physician on which the criminal history check is to be conducted.
- Date of birth (MM/DD/YYYY), social security number, race, sex, current driver's license number of the physician on which the criminal history is to be conducted.
- Affidavit must be signed by applicant in order for criminal history check to be processed. **The signature must be notarized OR witnessed by two individuals.**

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## MEDICAL SCHOOL & POST GRADUATE MEDICAL EDUCATION TRAINING

- Appendix A and B must be completed by all Medical Schools attended and all Post Graduate Medical Education Training Programs attended. You will note that the appendices **MUST** be returned to the Alabama Board of Medical Examiners (ALBME) directly from the Institutions. Please **DO NOT** provide envelopes to the Institutions for mailing the certification to this office, because our only indication that the certification is being sent directly from the Institution is the envelope. If the certification is not received from the Institution the ALBME will not consider the document.

## NOTICE TO ALL APPLICANTS

- All prospective applicants are hereby notified of the following: It is the policy of the ALBME to refer any applicant, who has been addicted to the use of alcohol or controlled substances and/or who has received any treatment, monitoring or aftercare for chemical dependency, substance abuse or psychiatric illness within two (2) years preceding the date of the application, to the Alabama Physician's Health Program (APHP) for evaluation and a recommendation concerning the license application. As part of the application process, applicants are expected to cooperate fully with requests for information and/or evaluations which may be recommended by the APHP in consultation with the ALBME's Impaired Physician Coordinator. An application shall not be deemed complete and shall not be placed on the agenda of the ALBME until a recommendation from the APHP has been received by the ALBME. This policy applies to applicants for a certificate of qualification by endorsement or by examination or without examination (Limited License).
- **The Board and the Commission remind physicians of their statutory duty to report sexual misconduct or any conduct which may constitute unprofessional conduct, or which may indicate that a physician is unable to practice medicine with reasonable skill or safety to patients. It is the individual physician's responsibility to maintain the boundaries of the professional relationship by avoiding and refraining from sexual contact with patients. 545-x-4-.07(7)**
- The Board and Commission recognize the difficulty licensees may have meeting the annual continuing medical education requirement in 2020 due to the public health emergency. Consequently, all licensees (MD/DO/PA/AA) are exempt for 2020 from the

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annual requirement to earn 25 credits for license renewal, and no compliance audit for these 2020 credits will be conducted.

- Credits earned in 2020 may not be rolled over to 2021 to meet the 2022 license renewal requirement.
- In determining compliance with the controlled substances CME requirements for ACSCs (two credits biennially) and QACSCs (four credits biennially), the Board will extend the two-year period to include 2020. If your two-year period was 2019-2020, it is now 2019-2021. If it was 2020-2021, it is now 2020-2022. Qualifying controlled substances CME credits earned in 2020 may be used to comply with the biennial requirement.
- The ALBME may deny an application or issue a Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application.
- For complete rules, please visit:  
<http://www.alabamaadministrativecode.state.al.us/docs/mexam/540-X-3.pdf>

## **Guide to the Uniform Application and FCVS**

### **The Federation of State Medical Boards**

The Federation of State Medical Boards (FSMB) is a national non-profit organization representing the 70 medical and osteopathic boards of the United States and its territories, serving as the national resource and voice on behalf of these boards in their protection of the public.

Two services provided by FSMB that are often used by physicians when applying for licensure are the Federation Credentials Verification Service (FCVS) and the Uniform Application for Physician State Licensure (UA).

Please be aware that FCVS and the UA are two different services. The FCVS application is only used to establish a profile of credentials verified by primary sources. FCVS is not a licensure application. The UA is used as a licensure application most commonly by physicians applying to multiple state boards. Both services may be used when applying to a board for licensure. Check the board's instructions to determine if FCVS is required or accepted but not required.

### **Using the UA to Apply for Licensure**

The Uniform Application is used to apply for licensure only, not for credentials verification. Once the UA has been completed and the one-time service charge has been paid, it can be updated and sent to other boards as needed. Additional information required by a board, but not covered in the core UA, is gathered by completing a state board specific UA addendum, various board or UA forms, and/or a board's online addendum or separate online application.

Applicants using the UA must account for all time since medical school graduation, including non-working time as well as postgraduate training and employment. Information on malpractice claims is also required. Having this information on hand before starting the UA is highly recommended.

To begin or update your UA, visit <https://www.fsmb.org/uniform-application> and click on the UA graphic, then sign in. You may also visit <http://www.fsmb.org/> and click on Uniform Application in the Licensure menu to access the portal page.

### **Completing the UA**

When completing your UA online, please complete all pages of the UA as instructed, noting the following:

- Refer to the state board's instructions to determine if entering your social security number is required.
- If not pre-filled, provide your home address and a separate address for business or postgraduate training. Both Board Contact and Public Access selections must be made but you can use the same address for each selection. All home addresses must be domestic, as fingerprint cards and other background information are mailed there.
- Enter each training program in the United States and Canada in either the ACGME Training page or the Other Training page. Enter postgraduate programs outside of the United States and Canada on the Chronology page.
- You are not able to add or edit MD or DO license information in the UA because that information is sent directly from the state boards into the FSMB system. If changes are needed, email [ua@fsmb.org](mailto:ua@fsmb.org) with the correct information. Depending on volume of license update requests, it may take 1-3 business days for the changes to appear in your UA. Do not enter MD or DO license information under "Other".
- If you hold a medical or osteopathic license or licenses in countries outside of the United States or Canada, provide that information on a separate sheet of paper to the Board.
- Your Chronology of Activities should cover each of your activities (non-working time included) from medical school graduation to present. Previously listed medical school and postgraduate training programs will pre-fill the Chronology. Do not leave gaps. For each entry, use the first day of the month for start and end dates unless you know the exact date. If you have military or locum tenens assignments, list each location separately.

- Clinical time indicates time spent seeing patients and practicing medicine. Administrative time indicates time spent on paperwork, research, or teaching.
- Leave the malpractice liability claims section blank only if you have had no claims. List all pending claims.
- Upon accepting the Terms and Agreement and submitting the UA, first time UA users will be taken to a payment page for the one-time service charge. This charge sustains the UA program and is separate from FCVS and state board licensing fees.
- For a copy of your receipt, click on the “Home” link to return to the portal page, which will now have a Payment link to all FSMB receipts in the upper right corner.
- To open your UA for editing and resubmitting to a board, or for submitting to a new board, sign in and choose the appropriate board in the State Board section. Reselect the US Citizen query on the Identification page (it resets each time a UA is submitted), make changes as needed, then submit or resubmit your UA.
- Refer to the UA FAQ at <https://www.fsmb.org/uniform-application/ua-faq/> for answers to the most common UA questions. If your issue isn’t listed, contact UA customer service at 800-793-7939 or email [ua@fsmb.org](mailto:ua@fsmb.org) with your username and a description of your issue. Provide a screenshot for each error you see.

In addition to completing the core UA online, applicants must:

- Complete the FCVS initial or subsequent application if applicable.
- Complete all other board requirements as instructed.

### **Using FCVS for Credentials Verification**

After a physician completes an initial FCVS application to establish a profile of verified credentials (documents related to identity, medical education, postgraduate training, etc.), FCVS staff contacts the primary source of each credential for verification. Each verified credential is added to a personalized profile created for the physician. Completed verifications are sent to each board designated to receive the profile during the application process.

After a physician completes a subsequent FCVS application, all new credentials are verified through primary sources. An updated profile is then sent to each board designated during the subsequent application process.

Each medical and osteopathic board in the United States and its territories (except for West Virginia Board of Osteopathic Medicine) accepts or requires FCVS. Check the board’s instructions to determine if FCVS is required or accepted but not required.

To begin an initial or subsequent application for creating or updating your profile, visit <https://www.fsmb.org/fcvs/> and click on the FCVS graphic, then sign in. You may also visit <http://www.fsmb.org/> and click on FCVS in the Licensure menu to access the portal page. Please note: Designations to Self are for receiving your own copy of the profile. Boards do not accept Self designations.

For assistance, use the messaging tool in FCVS or call 888-275-3287 with your FCVS ID or nine-digit Federation ID (FID) between 8am and 5pm Central Time Monday through Friday.

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**CHECKLIST**  
**Applicants for a Certificate of Qualification**

**The following items must be submitted with application:**

- Application (Completed & Signed)
- Explanation to any "Yes" answers on application
- Time from graduation of medical school until present narrative
- Application Fee-\$175.00\*
- Criminal Background Check Fee-\$65.00 (\*One payment of \$240.00 is acceptable)
- Criminal History Information Release Form (Completed, Signed & Notarized/Witnessed)
- Two Completed Fingerprint Cards\*

\*Fingerprint cards are available and can be completed by most local law enforcement agencies. Write "ALC 34-24-70" for "reason fingerprinted" and AL920049Z for ORI number. To request fingerprint cards, email [fingerprints@albme.gov](mailto:fingerprints@albme.gov).

- Declaration of Citizenship Form & Supporting Documentation

**The following items must be requested by applicant and sent directly from the related facility to our Board (request forms are included in application packet):**

- Medical School Certification (for all schools attended; make copies of Appendix A as needed)
- Postgraduate Training Certification (for all programs attended; make copies of Appendix B as needed)
- Transcript of Written Licensing Scores (USMLE, COMLEX, LMCC, NBME, etc.)
- ECFMG (If foreign medical school grad) or Fifth Pathway Certificate
- Verification of current Board Certification, MOC or SPEX scores (*if applicable*)

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Once the application has been received by our agency you may **check the status of your application online** by following these steps:

- Log on to our website at [albme.gov](http://albme.gov)
- Click the CHECK PENDING APPLICATION heading
- Click ENTER
- Click LICENSE TYPE and select MD or DO
- Enter your last name and the last 4 digits of your social security number
- Check Status

If you are using a credentialing service to help you with your application, you may provide them with this information so they will be able to check the status of your application. **The checklist is updated daily.**

**ALL MATERIALS THAT ACCOMPANY THE APPLICATION MUST BE RECEIVED BY THE DEADLINE FOR ANY APPLICATION TO BE CONSIDERED COMPLETE.**

All endorsement applicants have SIX MONTHS from the date the application is received to complete the application. After six months, an incomplete application will be withdrawn by the Board. To re-apply, the applicant must submit a new application form, including a new application fee and a new criminal background check fee.

**Exception:** SPEX applicants have TWELVE MONTHS from the date the initial application is received.

## APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



## PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): \_\_\_\_\_ Sex/Gender:  Male  Female

Aliases/Nickname: \_\_\_\_\_

Applicant Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Race:  White  Black  Asian  Indian  Other (please specify) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

## WORK INFORMATION

Employer Name: \_\_\_\_\_ Employer Phone: ( ) \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor Phone: ( ) \_\_\_\_\_

State Agency: \_\_\_\_\_ Agency Phone: ( ) \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Job Role/Classification: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

## Included with my Release are the following items:

- Completed Application signed by applicant and **two witnesses** OR notarized.
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.**

## AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

## Name &amp; Address of Requesting Agency or Authorized Agent\*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness \_\_\_\_\_ Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_ Address of Witness \_\_\_\_\_

City, State and Zip \_\_\_\_\_ City, State and Zip \_\_\_\_\_

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

Notary Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_, 20\_\_.

FOR ALEA OFFICIAL USE ONLY: TCN: \_\_\_\_\_ SID: AL \_\_\_\_\_

Received By (Initials): \_\_\_\_\_/Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Processed By (initials): \_\_\_\_\_/Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Walk-in/Hand Delivered \_\_\_\_\_ Mailed \_\_\_\_\_ Status: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Billed: \_\_\_\_\_ Paid: \_\_\_\_\_ No Charge: \_\_\_\_\_

Check#: \_\_\_\_\_

Background Check Qty: \_\_\_\_ Total: \$ \_\_\_\_\_

Certified Letter Qty: \_\_\_\_ Total: \$ \_\_\_\_\_



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## **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.

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## LIST B

### DOCUMENT 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 (\*).

#### **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-51 stamp in foreign passport or on \*Form I-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 “274.12(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
- 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

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licensing@albme.gov

**MEDICAL SCHOOL CERTIFICATION**

Appendix A

Certificate of Dean, President, or Registrar

It is hereby certified that \_\_\_\_\_ matriculated in  
[applicant name]  
\_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_ to  
[medicine/osteopathy] [name of school] [start date]  
\_\_\_\_\_ and received a diploma conferring the degree of Doctor of  
[end date]  
Medicine/Osteopathy on \_\_\_\_\_.  
[date]

Unusual circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please mark 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? Yes No  
If yes, please attach a copy of the written notification to the individual.

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? Yes No  
If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Does this individual's official record reflect 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? Yes No  
If yes, please attach a copy of the written notification to the individual.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Signature of Dean, President, or Registrar

**Instructions to individual completing this form:** Please complete, sign and return to the Alabama Board of Medical Examiners at the above physical or email address; licensing@albme.gov (email must originate from school/institution domain). **Please do not send this certification back to the applicant. The Board will not consider this certificate unless it is received directly from the institution.**

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licensing@albme.gov

## POST GRADUATE EDUCATION CERTIFICATE

Appendix B

### Certificate of Post Graduate Education Training

I, \_\_\_\_\_ of  
[name] [Administrator / Medical Education Director / Director of Residency Program]

\_\_\_\_\_, certify that the records of this Program show that  
[school / institution name]

\_\_\_\_\_ is currently enrolled in the \_\_\_\_\_ year of post graduate training OR has  
[applicant's name] [1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>]

successfully completed \_\_\_\_\_ Year/Years of post graduate training\* in this program from \_\_\_\_\_ to \_\_\_\_\_.  
[1/2/3] [start date] [end date]

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? Yes No  
If yes, please attach a copy of the written notification to the individual.

Does this individual's record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? Yes No  
If yes, please attach a copy of the written notification to the individual of the disciplinary action.

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 incompetence, disciplinary problems, or any other reason? Yes No  
If yes, please attach a copy of the written notification to the individual.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Signature of Administrator or Director

Candidates who graduated from an LCME accredited medical school or AOA approved college of osteopathy need to have 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 complete, sign and return to the Alabama Board of Medical Examiners at the above physical or email address; licensing@albme.gov (email must originate from school/institution domain). **Please do not send this certification back to the applicant. The Board will not consider this certificate unless it is received directly from the institution.**