



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Post Office Box 946
Montgomery, Alabama 36101-0946
848 Washington Avenue
Montgomery, Alabama 36104

William M. Perkins, Executive Director

Phone (334) 242-4116

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INSTRUCTIONS FOR THE ALABAMA MILITARY SPECIAL SERVICE ASSISTANT TO PHYSICIAN LICENSE

The Alabama State Board of Medical Examiners created a temporary license that is available to assistants to physicians or their spouses who are relocated or stationed in Alabama under official military orders. The applicant must meet the eligibility requirements to qualify for the Military Special Service License. An assistant to physician who is issued a Military Special Service License shall apply for a full assistant to physician license within 12 months of the issuance of the temporary license. **A Military Special Service License shall expire 12 months after the issuance of the license.**

Eligibility Requirements:

- Is either active duty, reserve, or transitioning member of a branch of the United States Armed Forces, including the National Guard, or the spouse or surviving spouse of the aforementioned individual
- Must possess a full unrestricted assistant to physician license in another state, District of Columbia, a territory of the United States, or a province of Canada
- Have graduated from a training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), Committee on Allied Health Education and Accreditation (CAHEA), the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA), or their successor agencies
- Successful completion of the Physician Assistant National Certification Examination as administered by the National Commission on Certification of Physician Assistants. Anesthesiologist Assistants must have successfully completed the National Certifying Examination for Anesthesiologist Assistants as administered by the National Commission for Certification of Anesthesiologist Assistants
- No history of disciplinary action against your assistant to physician license, excluding any action related to the non-payment of fees related to a license
- No criminal history
- No suspension or revocation of controlled substances license, certificate, or permit
- Not currently under investigation
- Must be a U.S. Citizen, national, or lawfully present alien

Applicants must submit proof of one of the following qualifiers at the time of application:

- Active or reserve service member's official military orders
- Transitioning service member's DD Form 214 or NGB Form 22
- Deceased service member's DD Form 214 or NGB Form 22 and death certificate if the physician is a spouse of a service member
- Marriage certificate substantiating marriage to the service member if the assistant to physician is a spouse of a service member

Applicants must also complete the attached application in its entirety and submit as an attachment via email with a copy of a valid photo ID to the address below:

PAADept@albme.gov

Once your application has been submitted, please allow 10 days for the processing and issuance of the Military Special Service License.

To practice or offer to practice as an assistant to physician, each person shall be licensed by and registered by the Board in accordance with Chapter 540-X-7 Assistants to Physicians. To apply for registration to a physician, please access <https://www.albme.gov/licensing/pa-aa/license-registration/> to obtain the required forms.



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Application for Military Special Service Assistant to Physician License

To apply for a Military Special Service Assistant to Physician license, please answer the questions below:

Applicant Identification:

Full Legal Name: _____
(First) (Middle) (Last) (Suffix)

Mailing Address: _____
(Mailing Address) (City) (State) (Zip)

Office Address: _____
(Office Address) (City) (State) (Zip)

Practice Address: _____
(Practice Address) (City) (State) (Zip)

Date of Birth: _____ Gender: Male _____ Female _____
(mm/dd/yyyy)

Office telephone number: _____ Cell phone number: _____

Email address delegated by applicant to receive correspondence: _____

Social Security Number: _____
###-##-####

Education:

Assistant to Physician Training Program: _____
Full Name of Program (no abbreviations or acronyms)

(Training program must be accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), Committee on Allied Health Education and Accreditation (CAHEA), the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA), or their successor agencies.)

Completion date: _____
(mm/dd/yyyy)

(Physician Assistants must have successfully completed the Physician Assistant National Certification Examination as

administered by the National Commission on Certification of Physician Assistants. Anesthesiologist Assistants must have successfully completed the National Certifying Examination for Anesthesiologist Assistants as administered by the National Commission for Certification of Anesthesiologist Assistants.)

Date PANCE taken: _____

Date of original certification with NCCPA: _____

NCCPA ID Number: _____

Physician Assistants must possess a full and unrestricted Physician Assistant license issued by the appropriate licensing board of another state, the District of Columbia, a territory of the United States, or a province of Canada.

If licensed in multiple states, only use one.

License Number: _____

Expiration date: _____

(mm/dd/yyyy)

Date of Original Licensure: _____ (not renewal)

(mm/dd/yyyy)

Licensing State/District/Territory/Province: _____

Please select your qualifier for the Military Special Service License by initialing and affirming.

I hereby swear (affirm) that I am either:

_____ Active duty

_____ Reserve

_____ Transitioning member of the United States Armed Forces, including the National Guard. *

_____ The spouse of the aforementioned or a surviving spouse of a service member who, at the time of his or her death, was serving on active duty.

*A transitioning service member is defined as a member of the United States Armed Forces, including the National Guard, on active duty status or on separation leave who is within 24 months of retirement or 12 months of separation.

Affirmations:

I. _____ I hereby swear (affirm) that I currently possess a full and unrestricted license to practice as an assistant to physician that has been issued by the medical licensing authority of a state, the District of Columbia, a territory of the United States, or a province of Canada.

II. _____ I hereby swear (affirm) that I have never been convicted, received adjudication, community supervision, or deferred disposition of any felony offense or any crime related to fraud, violence, sexual violations, or related to health care.

- III. _____ I hereby swear (affirm) that my assistant to physician license has never been subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the non- payment of fees related to a license.
- IV. _____ I hereby swear (affirm) that my controlled substance license or permit has never been suspended or revoked by a state or the United States Drug Enforcement Administration.
- V. _____ I hereby swear (affirm) that I am not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.
- VI. _____ I hereby swear (affirm) that I am either (1) a United States citizen; (2) a national of the United States; or (3) an alien lawfully present in the United States.
- VII. _____ I hereby swear (affirm) that I will apply for an assistant to physician license within twelve (12) months of the issuance of my Military Special Service Assistant to Physician license.

I swear (affirm) that the information set forth in this application is true and correct to the best of my knowledge, information, and belief.

Signature of Assistant to Physician: _____ Date: _____

(For electronic signature) 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.

Knowingly providing false information to the Alabama State Board of Medical Examiners is a violation of Ala. Code § 34-24-302(a)(8).

Please email completed form as an attachment to PAAADept@albme.gov.

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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.)

MD / DO / PA License Number: _____ 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.

Name of document provided: _____

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

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

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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