USMLE Step III: All residents with M.D. degrees must possess a passing score for the USMLE Step 3 by completion of the sixth month of postgraduate year two. The first attempt at the exam must occur before the end of the PGY1 year. Notwithstanding the foregoing, if a resident transfers to UAB from a non-UAB program after PG year two, the resident must possess a passing score for USMLE Step 3 by completion of the sixth month after their transfer to UAB. (For example, if a resident begins the postgraduate year two on July 1st, the deadline for successful completion of the exam is December 31st of the same year.)

Licensure: All residents (graduates of American and international medical schools) must apply for and obtain an unrestricted Alabama license to practice medicine when they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners. In addition, residents who are graduates of international medical schools must apply for and obtain a limited Alabama license no later than 18 months from the start of postgraduate training (PGY 1) and this limited license must be maintained until an unrestricted Alabama license is obtained, or they complete the program, whichever occurs first.

All residents will be required to demonstrate to the Graduate Medical Education Department that they have obtained and maintained a medical license (unrestricted and/or limited) with the Alabama Board of Medical Examiners, after meeting eligibility requirements, but, in no event later than 18 months from the start of their postgraduate training. A copy of the resident’s current unrestricted and/or limited medical license must be submitted to the Graduate Medical Education Department on an annual basis at the time the resident’s contract is renewed for each academic year.

Failure to meet any of these licensing requirements will result in the resident being placed on administrative probation. Should the resident fail to meet the terms of the probation period, the resident’s appointment will be revoked.

Application forms for licensure may be obtained by contacting:
Alabama Board of Medical Examiners / Medical Licensure Commission
P. O. Box 946
Montgomery, AL 36101
(848 Washington Avenue, Montgomery 36104)
Telephone: (800) 227-2606

Alabama Controlled Substances Certificate/DEA Number:
An Alabama Controlled Substances Certificate (ACSC) and Drug Enforcement Administration (DEA) number is required in order for physicians to write inpatient or outpatient prescriptions for controlled substances. Residents may rely on the Hospital's institutional DEA number (with a unique suffix assigned to each resident) for the first 18 months of residency training, but not thereafter.

In clinical training programs where controlled substances are prescribed, each resident must register with the Drug Enforcement Administration (DEA) and obtain an individual DEA number and with the Alabama Board of Medical Examiners for an Alabama Controlled Substances Certificate (ACSC) when they obtain their Alabama license, but on no event, later than 18 months from the start of their postgraduate training.

A copy of the DEA number and ACSC should be sent to the Graduate Medical Education Department. Registration forms for the Alabama Controlled Substances Certificate are included with application materials for licensure, and information on federal DEA registration is found at: http://www.deadiversion.usdoj.gov. Residents in a training program where controlled substances are not prescribed are not required to obtain a DEA number or ACSC. Residents in these programs cannot use another physician’s DEA number or ACSC.

A list of residency training programs in which controlled substances are prescribed can be found in Appendix 4 of the GME Policy Manual.

Failure to meet any of these requirements will result in the resident being placed on administrative probation. Should the resident fail to meet the terms of the probation period, the resident’s appointment will be revoked.

I, ___________________________ acknowledge that I have received and reviewed the above policy and agree to abide by the policy as a condition of my appointment or re-appointment to the Graduate Medical Education Residency Program.

Print Name ______________________________ Date ____________________________
Signature _______________________________ Date ____________________________