



ALABAMA ATHLETIC COMMISSION

**5809 Feldspar Way, Suite 109
Birmingham, Alabama 35244
Phone: (205) 438-6205**

OFFICIAL USE
by
Alabama Athletic
Commission
Acknowledgement
of
Receipt

**APPLICATION FOR LICENSURE
AS A PHYSICIAN**

NON-RINGSIDE PHYSICIAN RINGSIDE PHYSICIAN

Application must include Proof of Citizenship

I hereby make application for licensure in the State of Alabama to serve as a **PHYSICIAN** under the jurisdiction of the Alabama Athletic Commission:

1. Full Legal Name _____

2. Mailing Address _____
Street or Post Office Box City State Zip Code

Telephone (_____) _____

E-Mail _____

Date of Birth ____ / ____ / ____
Month Day Year

3. Are you a United States Citizen? Yes No

**If Yes, provide a US Citizen – Citizenship/Legal Presence Document
If No, provide a Non-US Citizen – Citizenship/Legal Presence Document**

4. Social Security Number ____ / ____ / ____ (REQUIRED)

5. Are currently certified to perform cardiopulmonary resuscitation? Yes No

6. Have you taken and passed the Association of Ringside Physicians’ (ARP) and American College of Sports
Medicine’s (ACSM) Certified Ringside Physician (CRP) Exam? Yes No

AFFIDAVIT

I hereby certify that I am the person named above. I swear or affirm that the information provided on and attached to this application is true and accurate to the bests of my knowledge and belief. I further certify that I have reviewed and will comply with the State of Alabama Athletic Commission rules and regulations.

Signature of Applicant _____

APPROVED BY ALABAMA ATHLETIC COMMISSION DATE