Data Request for License Data Guidelines
(Updated 06/09/2011)

Please provide the following Information in your email or submit online http://www.albme.org/datarequestform.html:
Your name
Organization / Company Name
Organization / Company Address
Telephone
Email Address
Your specific request (see below for what information is available)

Process the request online at http://www.albme.org/datarequestform.html or send the above information and your specific request to cmartin@albme.org. You will receive an invoice via email.   If you decide to purchase the data send payment by check is required prior to the shipment of data. **We do not accept credit cards.** The cost is $.10 per record for 10 fields (see below for available fields) and $.01 for every additional field per record or a $100.00 minimum (whichever is greater). Once payment of the invoice is received you will receive an email with an attached Microsoft Excel file containing the requested data.

Your request should include the fields you would like and any special criteria (e.g., only active status, only licensees in Birmingham, etc.). **NOTE: If you wish to include the Alabama Controlled Substance Certificate (ACSC) license type, please specify that you want this license type included even if you request all license types.** If the ACSC license type is requested, it will appear that some records are doubled. You will need to look at the license type (MD, DO, ACSC, etc.) to determine which records belong to the ACSC and which ones belong to the license. **Note: There is a field available that will notate if the physician has or has had an ACSC.**

After further consideration Email addresses are no longer available.

The following fields are available:

Included in the basic 10 fields:
Name: First Name, Middle Name, Last Name, Suffix
License Number: License Type*, License Number, Limited Suffix (Suffix is included only if Limited License Type is requested)
Address: Street 1, Street 2, Street 3, City, State, Zip Code (This will be the address the licensees list as public)

Additional Fields Available ($.01 per additional field per record will be added):
Phone (Provided by licensee and not verified)
Fax (Optional - Provided by licensee and not verified)
County
Gender
Date of Death
Original License Date
Expiration Date
Original License Source
Medical School Attended
Dates Attended Medical School
Status of the License (Please Note if you want All Statuses, Active, inactive, etc.)
              (Primary Specialties can be select by all or selected ones)
Primary Specialty (Provided by licensee and not verified) Full list available at http://www.albme.org/Documents/Forms/SpecialtyList.pdf
Is Board Certified in Primary Specialty (Provided by licensee and not verified)
Secondary Specialty (Provided by licensee and not verified) Full list available at http://www.albme.org/Documents/Forms/SpecialtyList.pdf
Is Board Certified in Secondary Specialty (Provided by licensee and not verified)
Public Record (Will only receive a 1 = "Yes" or 0 = 'No' for the public record; no other information is included)
Has an ACSC (Will only receive an "A" if the physician has or has had an ACSC no status given)
NCC Certified (Only for PA or AA)
NCC Number (Only for PA or AA)

*License Types Available:
MD – Medical Doctor – full unrestricted and conditional
DO – Doctor of Osteopathy – full unrestricted and conditional
L – Limited MD or Limited DO – full unrestricted and conditional
SP – Special Purpose
RSV – Retired Senior Volunteer Program
PA – Physician Assistant (If requested with physician license type it will be included on a separate sheet in the Microsoft Excel file.)
AA – Anesthesiologist Assistant (If requested with physician license type it will be included on a separate sheet in the Microsoft Excel file.)
TA – Temporary Physician Assistant (If requested with physician license type it will be included on a separate sheet in the Microsoft Excel file.)