2777 Zelda Rd., Montgomery, AL 36106 Phone: (334) 277-8881 Fax: (334) 263-6115

14-Day Practice Exemption Form

Name of Practitioner:			
Address:			
City:	State:	Zip (Code:
Phone:	Email:		
List all current state licenses or certif	ications and expiration date	28:	
Beginning date of service(s) in Alaba	······································		
Ending date of service(s) in Alabama			
Name and location of work:			
	488-X-115 E	xemptions	
(3) Any person residing outside of the 14 working days per calendar year with or extend the allowable time in which a dire emergency, which would include	thout a license. The Board, by a person may interpret or tra	y passage of a resolution of insliterate without a licens	or otherwise, may establish se in this state when there is
To qualify for this exemption, the out- form for approval by the Board for each		terator must complete and	l submit this 14-Day work
The notification should be rec start of this assignment.	eived by the Board's o	ffice at least seven (7	7) days prior to the
affirm that all the information and documnas limitations to provide services in speci-		rect, to the best of my know	ledge. I understand this license
Applicant Signature		Date	
			ad subscribed before me this the
			Notary Public
		My commission	-