

If yes, please explain:

Within the past year, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder? **N**

If yes, please explain:

Do you currently* have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner or, within the past year, have you applied for and/or have you received any payment or other compensation for any mental or physical condition? **N**

If yes, please explain:

Within the past year, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority? **N**

If yes, please explain:

Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? **N**

If yes, please explain:

Are you currently* engaged in the illegal use of controlled dangerous substances? **N**

If yes, please explain:

If your answer to the preceding question is yes, are you currently* participating in a supervised rehabilitation program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? **N**

If yes, please explain:

Have you been, within the past year, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving? **N**

If yes, please explain:

Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation? **N**

If yes, please explain:

*Note: The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician or an assistant to a physician, or within the past two years.

Primary specialty:

Are you Board certified in your primary specialty? **Y**

Feb 6, 2012 2:05 PM

License Renewal for 1998
Deadline is December 31, 1997

State of Alabama
Medical Licensure Commission

334/242-4153

P.O. Box 887

Montgomery, Alabama 36101-0887



*****5-DIGIT 35255

MAX III MICHAEL, M.D.
PO BOX 55845
BIRMINGHAM, AL 35255-5845

16
67
4708

Complete **BOTH** sides including signature.
Be sure to correct or supply **ALL** information.
Return with \$100.00 renewal fee.
Incomplete applications will be returned.
Failure to register and pay renewal fee will result
in the automatic revocation of the current license to
practice medicine or osteopathy.



Please make corrections or supply information: License **8195** DATE-ISSUED: 2/15/78 Sex: M F
Race: White Black Am. Indian Oriental or Asian Other Social Security # [REDACTED]-4950

Office Address:

PO BOX 55845
City, State, Zip: BIRMINGHAM, AL 35255 5845
(Alabama) County: Jefferson
Business Phone: (205)930-3600
Fax Number: (205)930-3497

Home Address:

4316 GLENWOOD AVE
City, State, Zip: BIRMINGHAM, AL 35222 4303
(Alabama) County: Jefferson
Home Phone: (205)591-7506
(Will not be published)

Permission to publish in Roster: Yes No

Send official mail to: **Business** address (check one)
Home

Specialty: Primary: INTERNAL MEDICINE
Secondary: _____

Board Certified: Yes No
Board Certified: Yes No

Form of Practice: Solo Partnership (2, 3, or 4) Group (5 or more) If Group, give name below:
JEFFERSON CLINIC PC

Primary Hospital where you have staff privileges:
Name: COOPER GREEN HOSP

City/State: BIRMINGHAM, AL

Are you licensed in another state: Yes No which ones:

Primary Care Information:

1. Are you actively engaged in clinical practice? (Check one): Yes No
2. Does your practice include the delivery of primary care medical services? (Primary care is defined as: "Basic or general health care focused on the point at which a patient ideally *first* seeks assistance from the medical care system, exclusive of emergency room care."); (Check one): Yes No
3. Approximately how many hours per week do you practice the above-defined primary care services? 10

CME Certification: (Check one)

- I hereby certify that I have met the annual minimum continuing education requirement of 12 hours of Category I continuing medical education during the calendar year ending December 31, 1997.
 I certify that I am exempt from the minimum continuing medical education requirements for the following reason:

- I do not reside in the State of Alabama and do not have a significant portion of my medical practice in Alabama.
- I received my initial license to practice medicine in Alabama after June 30th of this calendar year.
- I reinstated my license to practice medicine in the State of Alabama after June 30th of this calendar year.
- I am a resident physician enrolled in a residency training program.
- I am retired from the practice of medicine and have obtained a waiver from the Board of Medical Examiners.

Complete both sides including signature. Supply or correct all information.
DEADLINE IS DECEMBER 31, 1997

OVER
4708

YES NO

- 1. Have you been convicted of a felony or of any offense (felony/misdemeanor) involving the practice of medicine within the past year? [] [x]
- 2. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation within the past year? [] [x]
- 3. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice, within the past year? [] [x]
- 4. Have you been denied a certificate of qualification or license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial within the past year? [] [x]
- 5. Have you had a judgement rendered against you, or action settled relating to the performance of your professional service within the past year? [] [x]
- 6. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application within the past year? [] [x]
- 7. Within the past year, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder? [] [x]
- 8. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner? [] [x]
- 9. Within the past year, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority? [] [x]
- 10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? [] [x]
- 11. Are you currently engaged in the illegal use of controlled dangerous substances? [] [x]
- 12. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? [] []
- 13. Have you been, within the past year, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving? [] [x]
- 14. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation? [] [x]

The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician or an assistant to a physician, or within the past two years.

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH A DETAILED EXPLANATION WITH YOUR APPLICATION UPON RETURNING IT TO THIS OFFICE.

I certify that all information on this form is correct.



Signature

10/20/97

Date

Medical Licensure Commission
 P.O. Box 887
 Montgomery, AL 36101-0887