

In the Matter of)
 : BEFORE THE ALABAMA BOARD
 : OF MEDICAL EXAMINERS
 OLAMIDE ADEDEJI ALAKIJA, M.D.)

**VOLUNTARY RESTRICTION ON CERTIFICATE
OF QUALIFICATION AND LICENSE TO PRACTICE MEDICINE**

The undersigned, OLAMIDE ADEDEJI ALAKIJA, M.D., does hereby voluntarily request and consent that the following restrictions be placed upon his certificate of qualification and license to practice medicine in Alabama, license number MD. 45669.

These restrictions are voluntarily entered upon by me, I sign this document willingly, I execute it as my free and voluntary act for the purposes herein expressed, and I am of sound mind and under no constraint or undue influence. I understand and agree that these voluntary restrictions shall continue in full force and effect until they are modified, amended, or terminated by the Alabama Board of Medical Examiners ("the Board") at my written request.

RESTRICTIONS

1. I agree to limit my practice in Alabama to the confines of the UAB Selma Family Medicine Residency Program. I agree to submit quarterly reports from my supervising physician in the residency program regarding my standing and progress within the program.
2. I agree to enter into a monitoring agreement with the Alabama Professionals Health Program (APHP) and follow all requirements of the program.
3. I agree that this Voluntary Restriction will remain in place until such time as I provide certification that I successfully completed the UAB Selma Medicine Residency Program or the program director or supervising physician certifies that I am scheduled to successfully complete the program, at which time I may petition the Board in writing to lift this Voluntary Restriction.

4. During the period of this Voluntary Restriction, I shall notify the Board of any change of my residence. I will also submit to the Board for its approval any proposed substantive changes in my practice of medicine.

PENALTIES FOR VIOLATION

The failure or refusal to satisfy any one or more of the requirements and conditions stated in paragraphs 1 through 4 shall constitute a violation of this Voluntary Restriction. Any violation of this Voluntary Restriction, if established after notice and hearing as provided by the Alabama Administrative Procedure Act and the Rules and Regulations of the Medical Licensure Commission, shall constitute grounds for the suspension, restriction, or revocation of the named physician's license to practice medicine in Alabama or the imposition of any other penalty authorized by Ala. Code § 34-24-361 and 34-24-381(2002).

DISCLOSURE NOTICE

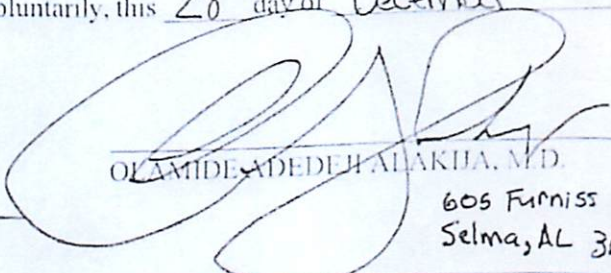
This Voluntary Restriction constitutes a public record of the Alabama Board of Medical Examiners and will be reported by the Board to the Federal National Practitioner Data Bank and the Federation of State Medical Boards disciplinary data bank. This voluntary restriction may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

CERTIFICATION

I certify that I have read the foregoing Voluntary Restriction on my certificate of qualification to practice medicine in Alabama, that I understand the terms and conditions thereof, and that the same are entered into by me, voluntarily, this 28th day of December, 2022.



Witness Attorney for Dr. Alakija



OLAMIDE ADEDEJI ALAKIJA, M.D.
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(Address)

(Address)

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