

Board of Licensure in Medicine/Board of Osteopathic Licensure Workgroup  
161 Capitol Street  
Augusta, Maine 04333-0137  
April 22, 2026  
5:30 pm

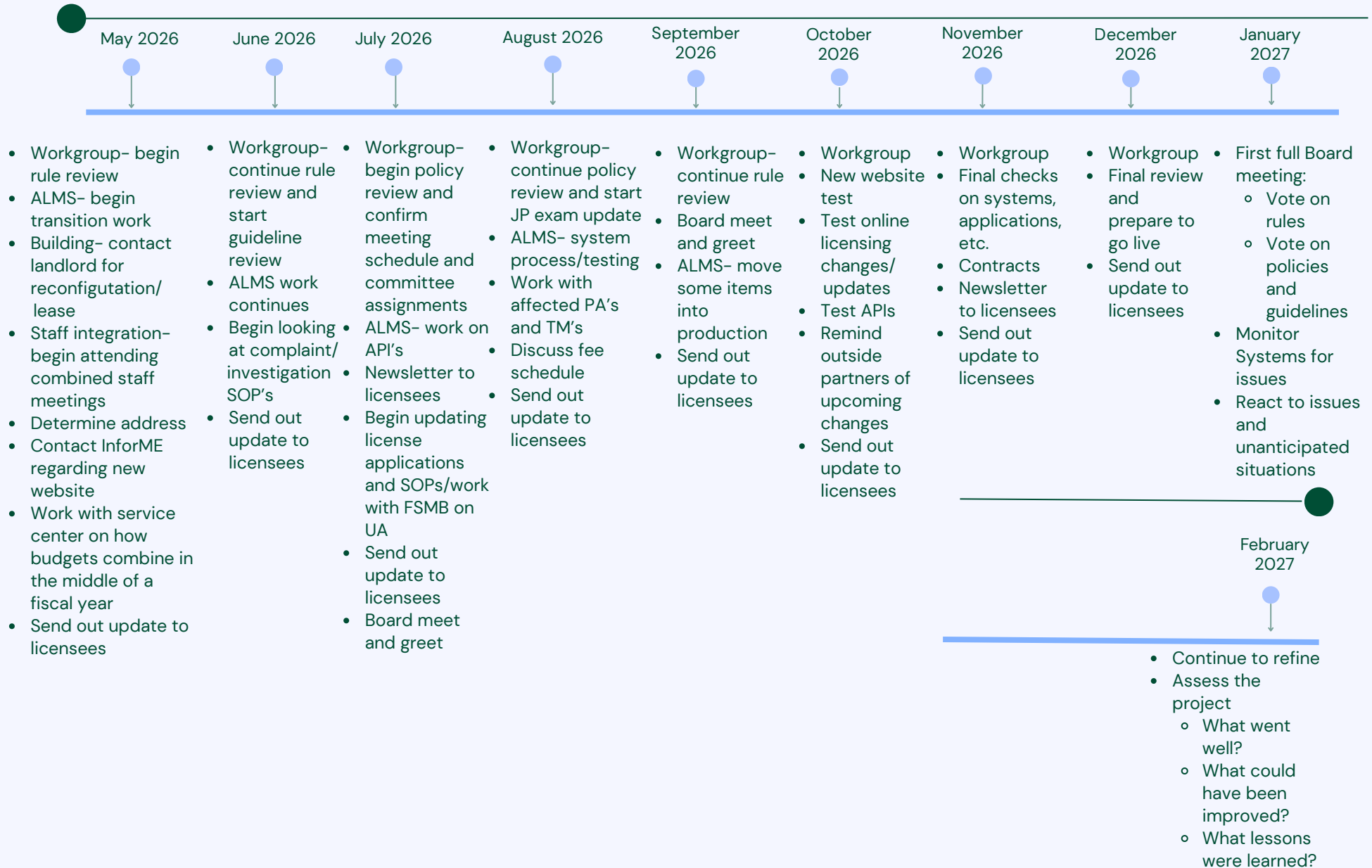
The April 22, 2026 meeting of the workgroup is being held with workgroup members participating virtually on Zoom. There will be an opportunity for the public to view the meeting at the Board's offices in Augusta. A link for the public to access the meeting virtually is included below and posted on the Board's website. **The Board encourages members of the public to attend the meeting virtually.**

**Join Zoom Meeting** <https://mainestate.zoom.us/j/85408098104>

**Meeting ID:** 854 0809 8104 **Passcode:** 45129954 or by phone (312) 626-6799 or 1 (646) 876-9923

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- I. Role Call of Board Members
  - II. Legislative Update
  - III. Review of Draft Timeline
  - IV. Review of Draft Checklist
  - V. Review of Draft Mission Statement
  - VI. Review of Retention Schedules
  - VII. Review of Board Rules List
  - VIII. Review of Draft Chapter 1 Changes – For Discussion Purposes Only
  - IX. Next Steps
  - X. Public Comment
  - XI. Adjourn

# BOLIM & BOL Merger Timeline



## BOLIM & BOL Merger Checklist

### Technical

ALMS	Outside Vendors	InforME	OIT
Merging Data Bases	New Prefixes	New Website/URL	New Distribution Lists
PA Licenses	API Updates	Online Licensing	New Mailboxes
API Updates	Video Updates	Jurisprudence Examination	Update Organization Profile
Complaint #'s	Compacts - Fingerprinting		Board Member Laptops

### Licensing, Complaints, Administration & Financial

Licensing	Complaints	Administration	Financial
Application Updates	Complaint Materials Updates	Address Change	Budget
Jurisprudence Exam Updates	Policies and Procedures Updates	Rules	One Time Expenses
Policies and Procedures Updates		Policies	Contracts
		Guidelines	Memberships/Annual Dues
		Retention Schedule	P-Card

### Building, Board & Staff

Building	Board	Staff
Office Reconfiguration	Continued Workgroup Meetings	Integration
Signage	Meeting Schedule	Workload Distribution
Lease	Committee Assignments	HR/Service Center
	Leadership	
	Compensation Board Members and Leadership	

Licensees/Interested Parties & FSMB

Licensees/ Interested Parties	FSMB
Communication	Update
	Request Support

NPDB

DRAFT

## **BOLIM Mission Statement**

The mission of the Board of Licensure in Medicine is to safeguard the health, welfare, safety and lives, of the people of Maine by ensuring that the public is served by competent, ethical and honest practitioners. To accomplish this the Board will:

- license only qualified medical doctors and physician associates;
- monitor the practice of medicine to insure the integrity of the profession and to maintain high professional standards and conduct;
- provide the public a forum to have complaints heard and impartially investigated;
- discipline and sanction licensees who violate the standards of conduct or whose performance is below minimum acceptable standards of proficiency;
- undertake special projects, often in collaboration with other interested groups, that both enhance the profession and meet public needs.

Adopted January 9, 1996

## **BOL Mission Statement**

The Board of Osteopathic Licensure is responsible for helping to ensure the health and safety of the public of this State. It is the responsibility of the Board to determine which applicants qualify to practice osteopathic medicine in the State of Maine by regulating the practice of its licensees.

## **BOM Mission Statement**

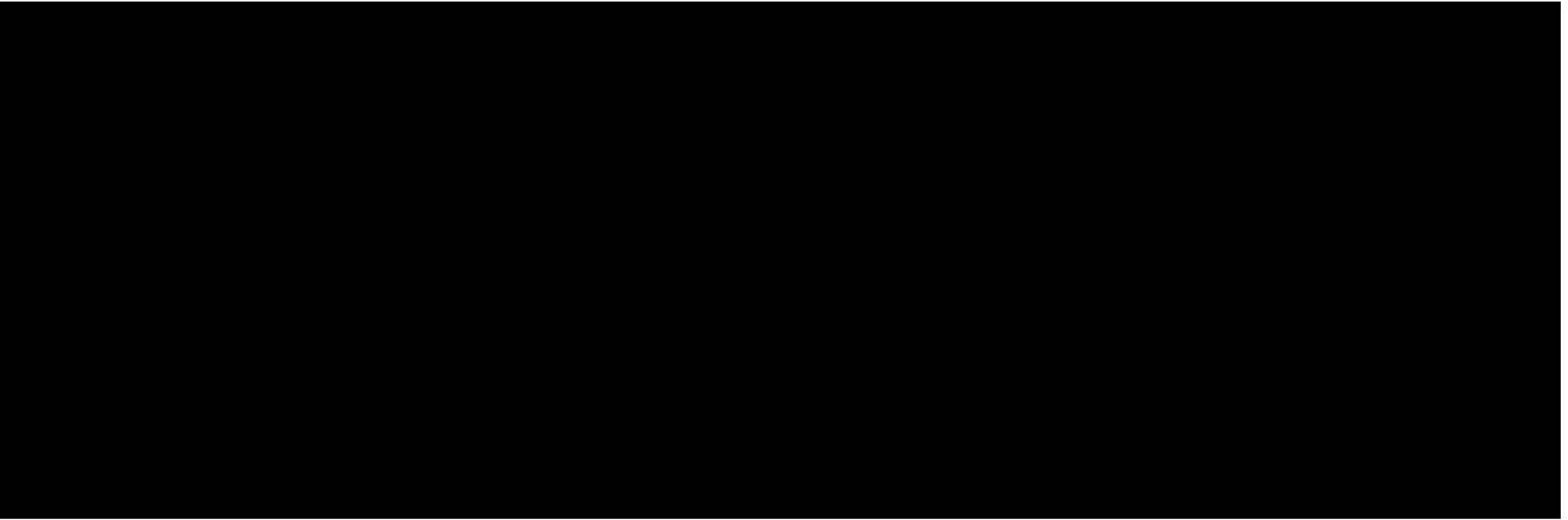
The mission of the Board of Medicine is to safeguard the health, welfare, safety and lives of the people of Maine by ensuring that the public is served by competent, ethical and honest practitioners. To accomplish this, the Board will:

- license only qualified allopathic physicians, osteopathic physicians and physician associates;
- ensure the integrity, standards and conduct of the profession through rulemaking and education;
- provide the public a process to have complaints heard and impartially investigated;
- discipline and sanction licensees who violate the standards of professionalism and/or competence;

- undertake special projects, often in collaboration with other interested groups, that enhance healthcare in Maine.

# Department Series Report

## 2: Professional & Financial Regulation



### 383#:Board of Osteopathic Licensure

Schedule #: 713 1#Licensure Application to practice Osteopathic Medicine

Application form, reference letters, certification of licensure from other states, National Board or FLEX exam scores, correspondence between physician and board. Continuing Medical Education evidence.	Roll Microfilm	12/5/1988	Years	100	No Retention	0	Destroy	Current
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Application form, reference letters, certification of licensure from other states, National Board or FLEX exam scores, correspondence between physician and board. Continuing Medical Education evidence.	Paper	12/5/1988	Years	10	Years	40	Destroy	Current
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Schedule #: 713 2#Application for Registration for Physician Assistant

Application form includes primary supervisors application, reference letters, copy of National Board exam scores, correspondence between PA and board. Microfilm paperbefore destroying and keep microfile 100 years.	Paper	12/5/1988	Years	5	Years	45	Destroy	Current
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# Department Series Report

## 2: Professional & Financial Regulation

Description	Media	Last Updated	In Agency Retention	Rec Center Retention	Disposition	Status
Application form includes primary supervisors application, reference letters, copy of National Board exam scores, correspondence between PA and board. Microfilm paperbefore destroying and keep microfile 100 years.	Roll Microfilm	12/5/1988	Years 100	No Retention 0	Destroy	Current
<b>Schedule #:</b> 713      3#:Locum Tenens Application to practice Osteopathic Medicine						
Application form/National Board or FLEX exam sheets; evidence of Continuing Medical Education and related correspondence.	Paper	12/5/1988	Years 5	No Retention 0	Destroy	Current
<b>Schedule #:</b> 713      4#:Reregistration Cards (O.E.& R.)						
Reregistration application, addendum sheet, continuing medical education information; correspondence between physician and board.	Paper	12/5/1988	Years 20	No Retention 0	Destroy	Current
<b>Schedule #:</b> 713      5#:Continuing Education Reports/Loga (O.E.& R.)						
List of medical education activities accrued each year as a prerequisite for reregistration of osteopathic physicians.	Paper	12/5/1988	Years 5	No Retention 0	Destroy	Current
<b>Schedule #:</b> 713      6#:Board Correspondence (O.E.& R.)						
Letters from public requesting info/physicians requesting certifications or verification of licensure. General correspondence.	Paper	12/5/1988	Years 2	No Retention 0	Destroy	Current
<b>Schedule #:</b> 713      7#:Complaint Records on Osteopathic Physicians						
Record includes complaint's report as well as supporting documentation. Physicians and any pertinent records. Keep in agency 6 months after conclusion of outcome.	Paper	3/27/2015	Months 6	No Retention 0	Destroy	Current
<b>Schedule #:</b> 713      8#:Docket files on Osteopathic physicians						
Disciplinary action: revocation/suspension/probations/censure/reprimand/consent agreement/voluntary surrender/voluntary surrender of DEA license/denial of licensure.	Paper	12/5/1988	Years 5	Years 45	Archives	Current



# Department Series Report

[REDACTED]

[REDACTED]	Media	Last Updated	In Agency Retention	Rec Center Retention	Disposition	Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**373#: Board of Licensure in Medicine**

**Schedule #:** 368 10#: Dismissed Complaint Files

Complaints received either from the public or initiated by the Board after review of mandated reports and/or other information which the Board dismissed on the basis that no cause for further action could be found.

Digital File	5/31/2019	Years	2	No Retention	0	Destroy	Current
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All paper records will be scanned to the digital file and destroyed upon dismissal of the complaint.

**Schedule #:** 368 11#: Meeting Minutes

Official minutes of board meetings.

Paper	12/16/1994	Years	2	No Retention	0	Archives	Current
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**Schedule #:** 368 3#: Approved Applications for Permanent/Clinical Licensure and Registration

Application materials for permanent licensure for physicians, including emergency license if requested, administrative licenses, and consultative telemedicine registrations; applications for physician assistant licenses; and reinstatement applications for physicians and physician assistants.

Digital File	4/28/2025	Years	75	No Retention	0	Destroy	Current
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Paper files scanned and retained in agency for 3 years and then destroyed.

When records are considered closed, they will be transferred to LibSafe, the Maine State Archives digital preservation system. The records will be managed and protected by Archives until they reach their final disposition destroy date. Once the retention time is over, Records Management will provide the agency a disposition notification form for approval and signature.

# Department Series Report

## 2: Professional & Financial Regulation

Description	Media	Last Updated	In Agency Retention	Rec Center Retention	Disposition	Status
	Digital File	4/28/2025	No Retention	0	Years 75	Destroy Current
<b>Schedule #:</b> 368      4#:Approved Applications for Temporary Licensure						
Application materials for temporary licensure for physicians for youth camp licenses and camp renewals; temporary licenses and educational certificates for physicians in ACGME approved postgraduate training (residency). Paper files scanned and retained in agency 3 years and then destroyed.	Digital File	5/31/2019	Years	10	No Retention	0 Destroy Current
<b>Schedule #:</b> 368      5#:Approved Applications for License and Registration Renewal						
Application materials for renewal of physician licenses, including applications to convert a license to active, volunteer, or emeritus status, applications to withdraw a license, and applications to renew telemedicine consultation registrations; and physician assistant licenses, including applications to withdraw a license.	Digital File	5/31/2019	Years	25	No Retention	0 Destroy Current
<b>Schedule #:</b> 368      9#:Official Board Actions						
Consent Agreements, Board Orders, and other official board action documents. Document retained in agency until completion of monitoring or other requirements imposed by disciplinary action.	Paper	5/31/2019	Contingent Upon Event - See Description	0	No Retention	0 Archives Current
<b>Schedule #:</b> 1148      13#:Disciplinary Action Files						
Completed investigation files resulting in board action including monitoring if required. File retained in agency until completion of requirements imposed by disciplinary action.	Paper	5/31/2019	Contingent Upon Event - See Description	0	Years	25 Destroy Current
<b>Schedule #:</b> 1148      14#:Board Meeting Materials						
Material presented to the Board for consideration and/or action at its meetings.	Digital File	5/31/2019	Years	2	No Retention	0 Destroy Current

# Department Series Report

## 2: Professional & Financial Regulation

Description	Media	Last Updated	In Agency Retention	Rec Center Retention	Disposition	Status
<p><b>Schedule #:</b> 1148      15#:Recordings of Adjudicatory Hearings</p> <p>Recordings of Adjudicatory Hearings are retained in agency until the appeal period has expired and no appeal has been filed. If an appeal is filed, the recordings are retained until the appeal has been adjudicated.</p>	Digital File	5/31/2019	Contingent Upon Event - See Description	0	No Retention	0 Destroy Current
<p><b>Schedule #:</b> 1667      16#:Complaints Dismissed with a Letter of Guidance</p> <p>Complaints received either from the public or initiated by the Board after review of mandated reports and/or other information which the Board dismissed with a letter of guidance. Letters of guidance may be used to educate, reinforce knowledge regarding legal or professional obligations and express concern over the action or inaction by the licensee that does not rise to the level of misconduct sufficient to merit disciplinary action. Letters of guidance together with any underlying complaint, report and investigation materials may be placed in a licensee's file and considered by the Board in any subsequent action commenced against the licensee for a specific amount of time, not to exceed 10 years.</p>	Digital File	5/31/2019	Contingent Upon Event - See Description	0	No Retention	0 Destroy Current
<p><b>Schedule #:</b> 1727      17#:Physician Assistant Registration Applications</p> <p>Applications for registration of supervisory relationships, plans of supervision, and terminations of supervisory relationships.</p>	Digital File	5/31/2019	Years	15	No Retention	0 Destroy Current
<p><b>Schedule #:</b> 1946      18#:Assessment and Direction Files</p> <p>Reports received pursuant to 24 MRS §2505 or §2506 and investigation material which the Board reviewed and filed with no action on the basis that no cause for further action was found.</p>	Digital File	5/31/2019	Years	2	No Retention	0 Destroy Current
<p><b>Schedule #:</b> 2163      19:Medical Malpractice Claim and Disposition Reports</p>						

# Department Series Report

## 2: Professional & Financial Regulation

Description	Media	Last Updated	In Agency Retention	Rec Center Retention	Disposition	Status
<p>Reports of medical malpractice claims and dispositions received from an insurer, the Bureau of Insurance, obtained from the National Practitioner Data Bank, or self-reported by a licensee. Pursuant to 24 M.R.S. §2607 the Board conducts a review when 3 claims are made within a 10-year period and one or more of the claims potentially may rise to a level of misconduct sufficient to merit Board action. Individual claims may be reviewed per Board policy. Claim and Disposition reports are maintained digitally. Investigation materials are destroyed following review of claims if no cause for further action is found.</p>	Digital File	2/6/2020	Years 10	No Retention 0	Destroy	Current
<p><b>Schedule #:</b> 2164      20:Administratively Closed Complaints</p> <p>Complaints received from the public with a subsequent request from the complainant to withdraw the complaint prior to notification to the licensee and with Board approval, complaints filed against the wrong licensee, and complaints determined not to be under the Board's jurisdiction.</p>	Digital File	2/6/2020	Years 2	No Retention 0	Destroy	Current
<p><b>Schedule #:</b> 2165      21:Application for Licensure Denied or Withdrawn</p> <p>Applications for licensure which are withdrawn by request of the applicant and approval of the Board or applications which are denied.</p>	Digital File	2/6/2020	Years 2	No Retention 0	Destroy	Current
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

## Licensing Records

### Board of Licensure in Medicine

### Board of Osteopathic Licensure

Record	Media	In Agency	Records Center	Disposition	Record	Media	In Agency	Records Center	Disposition
Approved applications for permanent/clinical licensure and registration	Digital	75 years	0	Destroy	Licensure applications to practice osteopathic medicine	Paper	10 years	40 years	Destroy
Approved applications for permanent/clinical licensure and registration (backup)	Digital	0	75 years (LibSafe digital preservation system)	Destroy	Licensure applications to practice osteopathic medicine (backup)	Roll Microfilm	100 years	0	Destroy
Approved applications for temporary licensure	Digital	10 years	0	Destroy	Locum Tenens applications to practice osteopathic medicine	Paper	5 years	0	Destroy
Approved applications for license and registration renewal	Digital	25 years	0	Destroy	Reregistration cards (O.E. & R)	Paper	20 years	0	Destroy
					Continuing Education Reports/Logs	Paper	5 years	0	Destroy
Applications for licensure denied or withdrawn	Digital	2 years	0	Destroy					
Physician Assistant registration applications	Digital	15	0	Destroy	Applications for registration for physician assistants	Paper	5 years	0	Destroy
					Applications for registration for physician assistants (backup)	Roll microfilm	100 years	0	Destroy

*Potential updates to BOLIM licensing records retention schedule*

- Change physician assistant to physician associate
- Remove consultative telemedicine registrations from approved applications for license and registration and approved applications for license and registration renewal schedules
- Update physician assistant registration applications schedule language to reflect collaborative agreements rather than plans of supervision, registration of supervisory relationships and termination of supervisory relationships

## Complaint/Investigation/Discipline Records

### Board of Licensure in Medicine

### Board of Osteopathic Licensure

Record	Media	In Agency	Records Center	Disposition	Record	Media	In Agency	Records Center	Disposition
Dismissed complaint files	Digital	2 years	0	Destroy	Complaint records on osteopathic physicians	Paper	6 months	0	Destroy
Complaints dismissed with a letter of guidance	Digital	Up to 10 years (specified by board)	0	Destroy					
Assessment & Direction files closed with no action	Digital	2 years	0	Destroy					
Administratively closed complaints	Digital	2 years	0	Destroy					
Disciplinary action files	Paper	Retained in agency until completion of requirements imposed	25 years	Destroy	Docket files on osteopathic physicians	Paper	5 years	45 years	Archives
Official board actions (consent agreement, board order and other official board action documents)	Paper	Retained in agency until completion of requirements imposed	0	Archives					

### *Potential updates to BOLIM complaint/investigation/discipline retention schedules*

- Update disciplinary action files to digital files
- Update official board actions to digital files
- Administratively closed complaints – add ADs
- Add a schedule for matters dismissed without prejudice

## Other Board Records

### Board of Licensure in Medicine

### Board of Osteopathic Licensure

Record	Media	In Agency	Records Center	Disposition	Record	Media	In Agency	Records Center	Disposition
Board Meeting Materials	Digital	2 years	0	Destroy					
Board Meeting Minutes	Paper	2 years	0	Archives	Board Meeting Minutes	Paper	5 years	45 years	Archives
					Board correspondence	Paper	2 years	0	Destroy
Recordings of adjudicatory hearings	Digital	Retain until appeal period has expired; if appealed retain until the appeal has been adjudicated	0	Destroy					
Medical malpractice claims and disposition reports	Digital	10 years	0	Destroy					

#### *Potential updates to BOLIM other records retention schedule*

- Update board meeting minutes to digital records

## **02 373 Board of Licensure in Medicine**

- [Ch. 1 \(Word\)](#) Rules Regarding Physicians
- [Ch. 2 \(Word\)](#) Joint Rule Regarding Physician Assistants (a joint rule with 02-383 - Board of Osteopathic Licensure)
- [Ch. 4 \(Word\)](#) Rules for the Issuance of Citations
- [Ch. 5 \(Word\)](#) Collaborative Drug Therapy Management (a joint rule with 02-392 - Board of Pharmacy (Ch. 39))
- [Ch. 10 \(Word\)](#) Sexual Misconduct (Note: Ch. 10 is a joint rule with 02-383 Board of Osteopathic Licensure.)
- [Ch. 11 \(Word\)](#) Joint Rule Regarding Telehealth Standards of Practice (Note: Ch. 12 is a joint rule with 02-380 State Board of Nursing and 02-383 Board of Osteopathic Licensure.)
- [Ch. 12 \(Word\)](#) Joint Rule Regarding Office Based Treatment of Opioid Use Disorder (Note: Ch. 12 is a joint rule with 02-380 State Board of Nursing and 02-383 Board of Osteopathic Licensure.)
- [Ch. 21 \(Word\)](#) Use of Controlled Substances for Treatment of Pain (a joint rule with 02-380 State Board of Nursing; 02-383 Board of Osteopathic Licensure); and 02-396 Board of Licensure of Podiatric Medicine)

## **02 383 Board of Osteopathic Licensure**

- [Ch. 2 \(Word\)](#) Joint Rule Regarding Physician Assistants (with 02-373 - Board of Licensure in Medicine)
- [Ch. 3 \(Word\)](#) Rules for Physician Supervision of Physician Extenders
- [Ch. 10 \(Word\)](#) Sexual Misconduct (Note: Ch. 10 is a joint rule with 02-373 Board of Licensure in Medicine.)
- [Ch. 11 \(Word\)](#) Joint Rule Regarding Telehealth Standards of Practice (Note: Ch. 11 is a joint rule with 02-373 Board of Licensure in Medicine and 02-380 State Board of Nursing.)
- [Ch. 12 \(Word\)](#) Joint Rule Regarding Office Based Treatment of Opioid Use Disorder (Note: Ch. 12 is a joint rule with 02-373 Board of Licensure in Medicine and 02-380 State Board of Nursing.)

- [Ch. 14 \(Word\)](#) Continuing Medical Education
- [Ch. 16 \(Word\)](#) Prescribing and Treatment for Self and Family Members
- [Ch. 17 \(Word\)](#) Physician / Physician Assistant - Patient Boundaries - Gifts
- [Ch. 19 \(Word\)](#) Physician Schedule for License Renewal
- Ch. 20 Medical Liability Demonstration Project - Anesthesiology Specialty Practice / Risk Protocol (repealed by operation of law)
- [Ch. 21 \(Word\)](#) Use of Controlled Substances for Treatment of Pain (a joint rule with 02-373 Board of Licensure in Medicine; 02-380 State Board of Nursing; and 02-396 Board of Licensure of Podiatric Medicine)
- Ch. 22 Medical Liability Demonstration Project - Emergency Medicine Specialty Practice / Risk Protocol(repealed by operation of law)
- Ch. 24 Medical Liability Demonstration Project - Obstetrics and Gynecology Specialty Practice / Risk Protocol(repealed by operation of law)
- Ch. 26 Medical Liability Demonstration Project - Radiology Specialty Practice Parameters and Risk Management (repealed by operation of law)

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

373 BOARD OF ~~LICENSURE IN~~ MEDICINE

Chapter 1: RULE REGARDING ALLOPATHIC PHYSICIANS

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**SUMMARY:** Chapter 1 pertains to the licensure, registration, notification and continuing medical education requirements for allopathic physicians. Chapter 1 also defines the duties of the Board Secretary.

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#### SECTION 1. DEFINITIONS

1. "Accredited Medical School" means a school designated as accredited by the Liaison Committee on Medical Education.
2. "Active Status License" means the physician has an active license in Maine and can practice within the scope of the license issued.
3. "Administrative License" means a license limited to the practice of administrative medicine."
4. "Administrative Medicine" means: a) professional managerial or administrative activities related to the practice of medicine or to the delivery of health care services, but not including the practice of clinical medicine; and/or b) medical research, excluding clinical trials on humans.
5. "Administratively Complete Application" is an application for licensure as developed by the Board which when submitted has: a) all questions on the application completely answered; b) signature and date affixed; c) all required notarizations included; d) all required supplemental materials provided in correct form; e) all requests for additional information submitted; and, f) all fees, charges, costs, civil penalties or fines paid.
6. "Board" means the Board of ~~Licensure in~~ Medicine.
7. "Clinical License" means a license that authorizes a physician to practice clinical medicine and/or surgery and is generally renewable every two years.
8. "Clinical Medicine" includes but is not limited to: a) direct involvement in patient evaluation, diagnosis and treatment; b) prescribing any medication; c) delegating medical acts, services or prescriptive authority; or d) the supervision of physicians who practice clinical medicine, physician associates who render medical services, or the clinical practice of advanced practice registered nurses.
9. "Educational Certificate" means a certificate issued by the Board to a medical school graduate who is enrolled in a post-graduate training program at a specific hospital for a period of not more than seven (7) years. The specific duration of the educational certificate will be based upon the request of the hospital and may be renewed every three years.

10. “Emergency 100-day License” means a license issued to a physician for not more than 100 days and issued for declared emergencies in the State or for other appropriate reasons as determined by the Board.
11. “Emeritus License” means a license issued to a qualified physician who is licensed in Maine and has retired from the active practice of medicine and does not render medical services or prescribe any medications.
12. “Fellowship” refers to advanced supervised postgraduate clinical education in a medical specialty.
13. “Inactive Status License” means the physician has an inactive license and cannot practice medicine in Maine.
14. “Jurisprudence Examination” means the examination regarding the Board’s laws and rules and laws pertaining to the practice of medicine in Maine, which is required to be taken and passed upon initial active licensure and then every four (4) years thereafter upon application for re-licensure.
15. “Pending Status License” means the physician has submitted an application for licensure or renewal of licensure upon which the Board has not made a final determination.
16. “Postgraduate Medical Education” means a graduate educational program or combination of graduate educational programs, including but not limited to internships, residencies and fellowships, accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, or the Royal Colleges of England, Ireland and Scotland.
17. “Reentry License” means a license issued to a qualified physician who is otherwise qualified for clinical licensure but has not practiced clinically within the past 24 months. This license is contingent upon compliance with a reentry plan and Reentry to Practice Agreement and automatically ends upon successful completion of the reentry plan and conversion to a clinical license or if the terms of the reentry plan are not met at any time.
18. “SPEX” (Special Purpose Examination). The SPEX is a computerized, multiple choice examination of current knowledge requisite for the general, undifferentiated practice of medicine owned and administered by the Federation of State Medical Boards. The examination is intended for physicians who currently hold, or who have previously held, a valid, unrestricted license to practice medicine in a U.S. or Canadian jurisdiction. Appropriate candidates for the SPEX include physicians seeking licensure reinstatement or reactivation after some period of professional inactivity or physicians involved in disciplinary proceedings in which the board determines the need for evaluation. The SPEX is also appropriate for physicians applying for licensure by endorsement who are several years beyond initial licensure.
19. “Telehealth” means the provision of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telehealth includes asynchronous store-and-forward technologies, telemonitoring, and

real-time interactive services, including teleradiology and telepathology. When necessary and appropriate under the circumstances and if in compliance with the applicable standard of care, telehealth includes the use of audio-only technology. Telehealth shall not include the provision of health care services only through e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof between a licensee in one location and a patient in another location with or without an intervening health care provider.

20. “Interstate Telemedicine Consultation” means the provision of consultative services through interstate telemedicine to patients located in Maine by a qualified physician who is fully licensed to practice medicine in another state, registered with the Board, and who does not have an office in Maine, does not meet with or take calls from any patients located in Maine and provides such consultative services as requested by a Maine-licensed physician, physician associate or advanced practice registered nurse who remains ultimately responsible for the patient’s care.
21. “Temporary License” means a license issued by the Board to a qualified physician for a period not to exceed one year when the Board determines that this action is necessary in order to provide relief for local or national emergencies or for situations in which the number of physicians is insufficient to supply adequate medical services or for the purpose of permitting the physician to serve as locum tenens for another physician who is licensed to practice medicine in this State.
22. “Unaccredited Medical School” means a school that is not designated as accredited by the Liaison Committee on Medical Education.
23. “Volunteer License” means a license issued by the Board to a qualified physician who has retired or is retiring from the active practice of medicine and wishes to donate his or her expertise exclusively for the medical care and treatment of indigent and needy patients in the clinical setting of clinics organized, in whole or in part, for the delivery of health care services without charge.
24. “Youth Camp License” means a temporary license issued by the Board to a qualified physician authorizing the physician to practice medicine only for the patients in a particular youth camp.

## **SECTION 2. LICENSE REQUIRED**

An individual must hold an active clinical license issued by the Board in order to practice medicine or surgery or a branch of medicine or surgery or claim to be legally licensed to practice medicine or surgery or a branch of medicine or surgery within the State by diagnosing, relieving in any degree or curing, or professing or attempting to diagnose, relieve or cure a human disease, ailment, defect or complaint, whether physical or mental, or of physical and mental origin, by attendance or by advice, or by prescribing or furnishing a drug, medicine, appliance, manipulation, method or a therapeutic agent whatsoever or in any other manner.

## **SECTION 3. REQUIREMENTS FOR MEDICAL LICENSURE**

To qualify for licensure as an **allopathic** physician, an applicant must meet all of the following criteria:

1. **Medical Education**

- A. Graduate from a medical school designated as accredited by the Liaison Committee on Medical Education.
- B. Graduate from an unaccredited medical school and:
  - (1) Be evaluated by the Educational Commission for Foreign Medical Graduates and receive a permanent certificate from the Educational Commission for Foreign Graduates; or
  - (2) Achieve a passing score on the Visa Qualifying Examination (VQE) or another comprehensive examination determined by the Board to be substantially equivalent to the VQE.

2. **Medical Examinations**

A. **U.S. National Examinations**

- (1) An applicant must attain passing scores on each examination in ONE of the following examination sets separately or in a combination specified in the United States Medical Licensing Exam (USMLE) instructions:
  - (a) United States Medical Licensing Examination (USMLE), which includes step 1, step 2 and step 2C (clinical skills with standardized patients, if applicable at the time the test was taken), and step 3; or
  - (b) Federation Licensing Examination (FLEX); or
  - (c) National Board of Medical Examiners Examination (NBME).

(2) **Time and Attempt Limits for Examinations**

The applicant must:

- (a) Complete the examination series (FLEX, NBME, USMLE) within seven (7) years of passing the first examination, with an automatic exception allowed for dual M.D./PhD. candidates.
- (b) Complete the first two steps of the USMLE examination (USMLE 1, USMLE 2 including USMLE 2C (if applicable at the time the test was taken)) or approved combinations with unlimited attempts. Steps 1, 2, and 2C may be retaken after successfully passing them ONLY for the purpose of accomplishing or maintaining the seven (7) year limitation named immediately above.

- (c) Complete the final examination in the series (i.e. FLEX 2, NBME 3, USMLE 3) in no more than three (3) attempts. Step 3 may not be retaken once passed with a minimum passing score.
- (d) Attain a minimum passing score of seventy-five (75) – on the two number scoring system – for each examination in the set. For FLEX examinations administered before December 1, 1985, the score must be a minimum of seventy-five (75) on the composite FLEX weighted average scoring system.
- (e) Request for Waiver

An applicant may apply to the Board for a waiver of the time and attempt limits. The Board may grant a waiver based upon unusual or extenuating circumstances as determined by the Board in its sole discretion.

#### **B. Non-U.S. National Examinations**

As an alternative to the U.S. National Examinations requirement above the Board may accept passing scores in one of the following examination sets:

- (1) A licensing examination administered by any medical board which is a member of the Federation of State Medical Boards;
- (2) Licentiate of Medical Council of Canada (LMCC);
- (3) British Isles Credentialing – General Medical Council of United Kingdom, or Republic of Ireland, or Scotland.

#### **3. State of Maine Jurisprudence Examination**

- A. Except for applicants for and/or registrants with an Interstate Telemedicine Consultation Registration, every applicant for licensure must attain a passing score of at least seventy-five (75) on the jurisprudence examination administered by the Board.
- B. If a candidate fails to attain a score of seventy-five (75) on the jurisprudence examination, the applicant may be required to appear for an interview before a committee of the Board.

#### **4. Personal Interview**

- A. In addition to all other qualifications, the Board may require a personal interview with the applicant to discuss issues identified in the application materials, including but not limited to:
  - (1) Clinical competence;
  - (2) Evidence of disruptive behavior which might negatively impact the practice of medicine or safety of patients;

- (3) Any conduct that might be grounds for discipline or denial of licensure as provided by law or rule; or
- (4) Communication skills.

5. **Postgraduate Training**

A. **Graduates after July 1, 2004**

Applicants who graduated from a medical school after this date must satisfactorily complete at least thirty-six (36) months in a graduate educational program or combination of graduate educational programs accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, or the Royal Colleges of England, Ireland and Scotland.

B. **Graduates before July 1, 2004 and after January 1, 1970**

Applicants who graduated from an accredited medical school within this date range must have satisfactorily completed at least twenty-four (24) months in a graduate educational program or combination of graduate educational programs accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, or the Royal College of Physicians and Surgeons of Canada.

C. **Graduates before January 1, 1970**

Applicants who graduated from an accredited medical school before January 1, 1970 must have satisfactorily completed at least twelve (12) months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, or the Royal College of Physicians and Surgeons of Canada.

D. **Residents training in Maine**

- (1) When the applicant for licensure is in an Accreditation Council on Graduate Medical Education accredited post-graduate training program in this State and has completed twenty-four (24) months of postgraduate training (in this State) and has received an unrestricted endorsement from the graduate educational program director, and it is confirmed that the applicant will continue in the program and complete thirty-six (36) months of postgraduate training, and if otherwise qualified, an active clinical license of normal duration may be issued.
- (2) If the applicant who is issued an active clinical license pursuant to subparagraph (D)(1) subsequently discontinues the graduate educational program or must postpone completing the last twelve (12) months of the graduate educational program, both the licensee and the graduate educational program director shall promptly notify the Board in writing, providing full details of the issue(s) and plan for program completion, if

any. The Board will review the information provided, and take any action permitted by law, including but not limited to revoking the license.

**E. Waiver for Foreign Medical School Graduates**

- (1) To be considered for a waiver of the postgraduate training requirement, an applicant must meet all of the following criteria:
  - (a) The applicant is a graduate of a foreign medical school, not including a medical school in Canada or Great Britain;
  - (b) The applicant holds an active, unrestricted license in another U.S. state that is not subject to discipline and authorizes the applicant to engage in the full scope of practice permitted by a Maine active clinical license; and
  - (c) The applicant has at least three (3) years of clinical experience in the area of expertise.
- (2) If the applicant meets the foregoing criteria, the Board may grant a waiver using the following qualifications:
  - (a) The applicant demonstrates completion of a three (3) year clinical fellowship in the United States in the area of expertise.
  - (b) The applicant demonstrates completion of a three (3) year clinical non- accredited fellowship that is equivalent to an Accreditation Council on Graduate Medical Education accredited fellowship and provides the Board with the following information:
    - (i) Detailed procedure/patient logs.
    - (ii) Attestations from at least three (3) teaching physicians, senior residents, or other senior fellows, and nursing staff regarding the applicant's level of responsibility and supervision. The attestations shall include the name and contact address of the attester.
    - (iii) Detailed list of conferences conducted and academic papers produced by applicant during the fellowship.
    - (iv) Monthly rotation schedule and the daily schedule detail for each, if available.
    - (v) Fellowship conference schedule and list of those attended by the applicant.
    - (vi) Attestation by the fellowship program director of how the following six core competencies are taught in the program: patient care; medical knowledge; interpersonal and

communication skills; professionalism; practice-based learning and improvement; and systems-based practice.

- (vii) Reference letters as to competency and character from the department chief and from the fellowship program director.
  - (viii) Proof that the fellowship is hospital-based and the hospital is accredited by The Joint Commission or the fellowship is medical school based and the school is accredited by the Liaison Committee on Medical Education (LCME).
- (c) The applicant has been appointed to a clinical academic position at a licensed medical school in the United States.
  - (d) The applicant has articles published in peer-reviewed clinical medical journals recognized by the Board.
  - (e) The number of years the applicant has been in clinical practice.
  - (f) Other criteria indicative of expertise such as awards or recognition for professional accomplishments.
  - (g) Not more than three (3) medical malpractice claims shall have been filed against the applicant in a ten (10) year period, nor shall there have been any one medical malpractice settlement resulting in a settlement amount of greater than \$300,000.
- (3) The Board may assess an applicant for a waiver with the actual costs for investigating and determining the validity of information provided by the applicant for the waiver request.

6. **Demonstrates continued clinical competency as required by this rule.**

**SECTION 4. CREDENTIAL VERIFICATION**

- 1. Unless otherwise specified in this rule, all applicants for licensure must complete the process of verifying their core credentials with the Federation Credentials Verification Services (FCVS).

2. **Federation Credentials Verification Services (FCVS) For Static Core Credentials**

Unless otherwise specified in this rule, the Board requires that persons applying for a medical license use the FCVS to verify qualifying credentials which are static or do not change, such as identity, education and post graduate training. This verification process is conducted separately and independently by FCVS.

Unless otherwise specified in this rule, applicants must submit an FCVS application directly to FCVS on an application supplied by the Board or requested directly from

FCVS and pay any required fees directly to FCVS. FCVS will then provide the Board with a non-interpretive "Physician Information Profile" containing certified copies of the applicant's credentials.

3. **Exemptions to FCVS Credentials Verification.** The following applicants are exempt in whole or in part as specified from the requirement of FCVS credentials verification:
  - A. Licensees holding active clinical licenses issued by the Board who apply to convert their licenses to administrative, emeritus, volunteer, or inactive status do not have to complete the FCVS process;
  - B. Applicants for an Interstate Telemedicine Consultation Registration;
  - C. Applicants who are recent medical school graduates and who apply for an Educational Certificate;
  - D. Applicants for Youth Camp Licenses must show proof of completion of the FCVS application prior to being issued a license. Staff may issue a license prior to receiving the physician's credentialing report from the FCVS. Staff shall review the physician's credentialing report from the FCVS upon receipt, and notify the Board if any concerning information is discovered; and
  - E. Applicants for Emergency 100-Day Licenses must show proof of completion of the FCVS application prior to being issued a license. Staff may issue a license prior to receiving the physician's credentialing report from the FCVS. Staff shall review the physician's credentialing report from the FCVS upon receipt, and notify the Board if any concerning information is discovered.

#### **SECTION 5. LICENSE APPLICATION PROCESS**

1. The Board, or if delegated, Board staff may issue an active status clinical license to an applicant who:
  - A. Submits an administratively complete application on forms approved by the Board;
  - B. Pays the appropriate licensure fee or late fee (if any). The application fees cover the cost of processing the application and are not refundable;
  - C. Meets the education requirement;
  - D. Meets the post-graduate training requirement;
  - E. Meets the medical examination requirement;
  - F. Meets the jurisprudence examination requirement;
  - G. Meets the clinical practice requirement;
  - H. Worked and/or was licensed in a foreign country and that jurisdiction or licensing authority has provided verification of licensure directly to the Board;

- I. Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and
  - J. Has personally completed the application, answered all application questions, and performed all steps of the application process not expressly required by law or Board rule to be performed by another person or entity.
2. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or defer action on the application to the full Board.
  3. **License Conversion Between Biennial Renewal Dates**

Licensees may apply to convert their active status license to an inactive, emeritus, or volunteer license between scheduled biennial renewal dates by completing the appropriate renewal application and submitting it to the Board. No fee shall be assessed for this conversion. Board staff may convert the license to inactive status.
  4. **Administratively Incomplete Application**
    - A. Applicant fails to take action. Any application for a license that has been on file with the Board without action by the applicant for six (6) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure.
    - B. Application incomplete after 12 months. Any application that is not complete within twelve (12) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to be considered for licensure unless the applicant seeks, and the Board grants, a waiver of this time limit. Requests for waivers of this time limit may be granted for good cause shown.
    - C. Current signed addendum required. Any applicant that has an application that has been submitted six months or longer before the application is complete must submit a new signed addendum prior to issuance of the license.
    - D. Application fee required to process application. If the appropriate licensing fee has not been received within 90 days of the application submission it shall be voided and the applicant must restart the application process.
    - E. Prior to the deadlines stated in this section, upon written statement by the applicant that they do not intend to complete their application, Board staff may close an application file as administratively incomplete upon Board staff's confirmation there are no open medical licensing complaints or investigations against the applicant in Maine or other U.S. jurisdictions.

## SECTION 6. SPECIFIC TYPES OF MEDICAL LICENSES

**1. Administrative License**

- A. The Board, or if delegated, Board staff may issue an administrative license to an applicant who:
- (1) Submits an administratively complete application on forms approved by the Board;
  - (2) Pays the appropriate licensure application fee;
  - (3) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.
- B. Meets the same requirements for licensure as an applicant for an active clinical license with the exception that the applicant is not required to show that he/she has been engaged in the active clinical practice of medicine.
- C. **Renewal of Administrative License**
- A physician applying to renew an administrative license must pay the same fees and meet the same requirements for renewing an active status license, including the requirement for continuing medical education (CME).

**2. Educational Certificate**

- A. The Board, or if delegated, Board staff may issue an educational certificate to an applicant who:
- (1) Submits an administratively complete application on forms approved by the Board;
  - (2) Pays the appropriate licensure application fee;
  - (3) Meets the education requirement;
  - (4) Provides documentation from the Maine educational/residency program demonstrating enrollment, including the dates of the program;
  - (5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.
- B. **Educational Certificate Limitation**
- Educational certificates may only be issued for a specific residency program at a specific Maine hospital.
- C. **Educational Certificate Duration**
- Educational certificates may be issued for the duration specified by the Maine hospital's residency director for a period of up to seven (7) years.

**D. Educational Certificate Expiration**

Educational certificates shall automatically expire:

- (1) On the date specified on the educational certificate, unless renewed; or
- (2) On the date that the Board receives written notification from the director of the residency program at the hospital or the resident that the resident is no longer enrolled in that specific hospital's residency program.
- (3) On the date that the Board receives written notification from the licensee that she/he is no longer employed or enrolled in that specific hospital's residency program.

**3. Emergency 100-Day License**

A. The Board, or if delegated, Board staff may issue an emergency 100-day license to an applicant who:

- (1) Submits an administratively complete application on forms approved by the Board;
- (2) Pays the appropriate licensure application fee;
- (3) Meets the education requirement;
- (4) Meets the post-graduate training requirement;
- (5) Meets the examination requirement;
- (6) Provides a Letter of Need which describes the circumstances that make the candidate eligible for the license. Such letter shall be transmitted directly from the organization where the **allopathic** physician will be practicing under the emergency 100-day license.
- (7) Holds a full and unrestricted license from another United States licensing jurisdiction at the time of the application, and maintains it for the duration of the emergency 100-day license.
- (8) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction.
- (9) Submits an application for an active clinical license simultaneously with the application for the 100-day license.
- (10) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and
- (11) Demonstrates continuing clinical competency as required by this rule.

**B. Emergency 100-Day License Limitations**

- (1) Emergency licenses may only be issued once to the same applicant and for a period not to exceed 100 calendar days.
- (2) Emergency 100-day licenses may only be issued for a specific practice location.
- (3) Emergency 100-day licenses automatically expire:
  - (a) On the date specified on the emergency 100-day license; or
  - (b) On the date that the Board receives written notification from the licensee that she/he is no longer employed at the specific practice location.

4. **Emeritus License**

- A. The Board, or if delegated, Board staff may issue an emeritus license to an applicant who:
- (1) Currently holds an active or inactive clinical license to practice medicine in Maine;
  - (2) Submits an administratively complete application on forms approved by the Board;
  - (3) Meets the education requirement; and
  - (4) Meets the post-graduate training requirement.

B. Conversion to Emeritus License Between Scheduled Renewal Dates

An **allopathic** physician may convert an existing license to an emeritus license between scheduled renewal dates by filing an application with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an emeritus license. The biennial renewal date remains unchanged.

5. **Inactive Status License**

- A. The Board, or if delegated, Board staff may issue an inactive status license to an applicant who:
- (1) Submits an administratively complete application on forms approved by the Board;
  - (2) Pays the appropriate licensure application fee;
  - (3) Meets the education requirement;
  - (4) Meets the post-graduate training requirement;

- (5) Meets the examination requirement; and
- (6) Has not completed the CME required for active license renewal and has not requested or been granted an extension of time to complete the CME; or
- (7) Has not actively engaged in the practice of clinical medicine for at least three (3) of the twelve (12) months prior to the submission of the application.

**B. Conversion to Inactive License Between Scheduled Renewal Dates**

An allopathic physician may convert an existing license to an inactive license between scheduled renewal dates by filing appropriate documentation, ranging from written confirmation up to a full application for an inactive license, depending on the circumstances, with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an inactive license. The biennial renewal date remains unchanged.

**~~6. Interstate Telemedicine Consultation Registration~~**

- ~~A. The Board, or if delegated, Board staff may issue an interstate telemedicine consultation registration to an applicant who:~~
- ~~(1) Submits an administratively complete application on forms approved by the Board;~~
  - ~~(2) Pays the appropriate licensure application fee;~~
  - ~~(3) Demonstrates that the applicant is a physician and is fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services;~~
  - ~~(4) Meets the examination requirement;~~
  - ~~(5) Has not had a license to practice medicine revoked or restricted in any state or jurisdiction; and~~
  - ~~(6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.~~

**~~B. Interstate Telemedicine Consultation Registration Limitations~~**

- ~~(1) A physician registered pursuant to this section shall not:~~
- ~~(a) Open an office in this State;~~
  - ~~(b) Meet with patients in this State;~~
  - ~~(c) Receive calls in this State from patients; and~~
  - ~~(d) Shall provide only consultative services as requested by a physician, advanced practice registered nurse or physician~~

~~associate licensed in this State who retains ultimate authority over the diagnosis, care and treatment of the patient.~~

## 7. Reentry License

- A. The Board may issue a reentry license to an applicant who:
- (1) Submits an administratively complete application on forms approved by the Board;
  - (2) Pays the appropriate licensure application fee;
  - (3) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.
- B. Meets the same requirements for licensure as an applicant for a clinical license with the exception that the applicant has not been engaged in the active clinical practice of medicine for the past 24 months and has provided a reentry plan approved by the Board.
- (1) A reentry plan must include the following:
    - a) Either (i) a statement of current medical knowledge or (ii) an assessment of current medical knowledge and clinical skills, when required by the Board. The purpose of this assessment is to identify any gaps in medical knowledge and clinical skills, as well as to identify areas of strength. The assessment must be performed by an individual and/or entity approved by the Board. Examples of assessments for physicians include the Special Purpose Examination (SPEX) and the Post-Licensure Assessment System (PLAS);
    - b) **Refresher education.** This education is designed to fill the gaps in medical knowledge identified by the assessment. This may include completion of a mini-residency program;
    - c) **A clinical preceptorship or the equivalent.** This component is designed to provide mentoring and oversight of clinical care for a specified period by a practice mentor. The practice preceptor or equivalent must have sufficient time and experience, possess a full and unrestricted active clinical license, have no disciplinary history, and provide reports to the Board as required by a reentry to practice agreement;
    - d) **Final assessment of current competency to establish qualification for an active clinical license.** This component is designed to ensure that a physician or physician associate is ready and able to return to clinical practice without further oversight by the Board;

- e) **Reentry to Practice Agreement.** This will be offered to the applicant after the Board has approved their reentry to practice plan. The applicant must execute and at all times comply with this agreement during the period of their licensure as a reentry licensee.
- f) **End of Reentry to Practice Agreement.** The Reentry to Practice Agreement ends upon either successful completion of the reentry plan and conversion to a clinical license or if the terms of the reentry plan are not met at any time.

- (2) Reentry licensees must comply with their Board-approved reentry plan and practice agreement. Failure to do so may be grounds for imposing discipline on the reentry licensee's license for unprofessional conduct and as further permitted by Board law and rules, up to and including revocation of the license.

C. Renewal of Reentry License

An **allopathic** physician applying to renew a reentry license must pay the same fees and meet the same requirements for renewing a clinical status license, including the requirement for continuing medical education (CME) and be in compliance with the reentry plan.

8. **Temporary License**

- A. The Board, or if delegated, Board staff may issue a temporary license to an applicant who:
  - (1) Submits an administratively complete application on forms approved by the Board;
  - (2) Pays the appropriate licensure application fee;
  - (3) Meets the education requirement;
  - (4) Meets the post-graduate training requirement;
  - (5) Meets the examination requirement;
  - (6) Provides a Letter of Need which describes the circumstances which make the candidate eligible for the license. Such letter shall be transmitted directly from the organization where the physician will be practicing under the temporary license.
  - (7) Holds a full and unrestricted license in another state or Canadian province at the time of application, and maintains it for the duration of the temporary license.

- (8) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction.
- (9) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and
- (10) Demonstrates current clinical competency as required by this rule,

**B. Temporary License Limitations**

- (1) Temporary licenses may only be issued to the same applicant for a period not to exceed one (1) year. Once a licensee has held a temporary license or a combination of temporary licenses for one (1) year, she/he is no longer eligible for another temporary license.
- (2) Temporary licenses may only be issued for a specific practice location.
- (3) Temporary licenses automatically expire:
  - (a) On the date specified on the temporary license; or
  - (b) On the date that the Board receives written notification from the licensee that she/he is no longer employed at the specific practice location.
  - (c) If the Letter of Need is withdrawn during the application process the application shall be voided.

**9. Youth Camp License**

- A. The Board, or if delegated, Board staff may issue a youth camp license to an applicant who:
  - (1) Submits an administratively complete application on forms approved by the Board;
  - (2) Pays the appropriate licensure fee;
  - (3) Holds a full and unrestricted license in another state or Canadian province at the time of application, and maintains it for the duration of the temporary camp license;
  - (4) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction;
  - (5) Meets the examination requirement;
  - (6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and
  - (7) Demonstrates continuing clinical competency as required by this rule.

**B. Youth Camp License Limitations**

- (1) Youth Camp licenses are issued for a limited period.
- (2) Youth Camp licenses may only be issued for a specific youth camp (practice location).
- (3) Youth Camp licenses automatically expire:
  - (a) On the date specified on the Youth Camp license; or
  - (b) On the date that the Board receives written notification from the licensee that she/he is no longer employed at the specific youth camp (practice location).

**10. Volunteer License****Commented [TT1]:** Should this be changed?

- A. The Board, or if delegated, Board staff may issue a volunteer license to an applicant who:
- (1) Submits an administratively complete application on forms approved by the Board;
  - (2) Pays the appropriate license conversion fee;
  - (3) Currently holds an active clinical license to practice medicine in Maine;
  - (4) If holding an inactive Maine medical license, the applicant must meet all the requirements for an active clinical Maine medical license, including CME requirements as defined in this rule;
  - (5) Must acknowledge or certify that the applicant's practice will be exclusively and totally devoted to providing medical care to needy and indigent persons in Maine. The treatment of family, friends or acquaintances is not permitted under a volunteer license;
  - (6) Must acknowledge or certify that the applicant will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any medical services rendered;
  - (7) Reports all locations where he/she will provide volunteer services; and
  - (8) Provides to the Board a copy of a written agreement to provide volunteer services at every facility where services will be provided.
  - (9) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

**B. Conversion to Volunteer License Between Scheduled Renewal Dates**

When converting to a volunteer license between scheduled renewal dates, the **allopathic** physician shall follow the same procedure used to convert from an active clinical license to an inactive license. The biennial renewal cycle remains unchanged.

**C. Renewal of Volunteer License**

An **allopathic** physician applying to renew a volunteer license must meet all requirements for renewing an active clinical license, including CME.

**11. Clinical License**

This license authorizes an **allopathic** physician to practice clinical medicine and/or surgery and is generally renewable every two years.

**A. Application Process**

- (1) Applications for a clinical medical license will be reviewed by the Board Staff. After review, a clinical license may be issued to an applicant who:
  - (a) Submits an administratively complete application on forms approved by the Board;
  - (b) Pays the appropriate licensure and registration fee to the Board;
  - (c) Meets the examination requirement;
  - (d) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and
  - (e) Demonstrates continuing clinical competency as required by this rule.
- (2) Board staff may issue a clinical license to applicants who meet each criterion specified below, and shall report such actions at the next regular meeting of the Board.
  - (a) A positive review by the Executive Director or the Assistant Executive Director of the application that includes the following criteria:
    - (i) Each qualification for licensure has been clearly met and verified, and all issues or questions have been fully explained and documented;
    - (ii) All personal data questions, with the exception of telemedicine, practice location and malpractice questions on the application have been answered "No"; and
    - (iii) The Board has received the names and contact information of three professional references regarding

the applicant, and, if references are obtained, no issues have been identified by those references or contact with those references that reveals potentially disqualifying information

- (3) Applications that do not meet the foregoing criteria as determined by the Executive Director or Assistant Executive Director will be referred to the Board Secretary, Board Chair or other Board designee. The Board Secretary, Board Chair or other Board designee may approve the application or refer the application to the full Board.

#### **SECTION 7. PROCESS FOR CONVERSION OF AN INACTIVE STATUS LICENSE OR ADMINISTRATIVE LICENSE TO AN ACTIVE CLINICAL LICENSE**

1. The Board, or if delegated, Board staff may convert an administrative or inactive license to clinical license for an applicant who:
  - A. Submits an administratively complete application requesting an active status license on forms approved by the Board;
  - B. Pays the appropriate license conversion fee;
  - C. Provides evidence of having met the Board's requirements for CME;
  - D. Demonstrates continuing clinical competency as required by this rule;
  - E. Meets the examination requirement; and
  - F. Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.
2. In the event that there is any question regarding CME credits or active clinical practice, the application will be presented to the full Board.

#### **SECTION 8. REQUIREMENTS FOR RENEWAL/REINSTATEMENT/WITHDRAWAL OF LICENSE/REGISTRATION**

##### **1. License Expiration and Renewal**

With the exception of Emergency 100-day, Temporary, Youth Camp Licenses, and Temporary Educational Certificates, the license/registration of every **allopathic** physician born in an odd-numbered year expires at midnight on the last day of the month of the physician's birth every odd-numbered year. The license/registration of every **allopathic** physician born in an even-numbered year expires at midnight on the last day of the month of the **allopathic** physician's birth every even-numbered year. The **allopathic** physician must renew the license/registration every two (2) years prior to the expiration of the license/registration by submitting an administratively complete application to the Board on forms approved by the Board.

## 2. **Renewal Notification**

At least sixty (60) days prior to the expiration of a current license/registration, the Board shall notify each licensee of the requirement to renew the license/registration. If an administratively complete re-licensure application has not been submitted prior to the expiration date of the existing license, the license immediately and automatically expires. A license may be reinstated up to 90 days after the date of expiration upon payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the license, the license immediately and automatically lapses. The Board may reinstate a license pursuant to law.

## 3. **Criteria for Active License/Registration Renewal**

- A. The Board, or if delegated, Board staff may renew the active license/registration of an allopathic physician who meets all of the following requirements:
- (1) Submits an administratively complete license/registration renewal application on forms approved by the Board;
  - (2) Pays the appropriate license renewal fee and/or late fee (if any);
  - (3) ~~With the exception of Interstate Telemedicine Consultative Registration,~~ affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the physician may request an extension of time for good cause to complete the CME. The Board Secretary, Board Chair, or other Board designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits;
  - (4) Demonstrates continuing clinical competency as required by this rule;
  - (5) Successfully completes the Board's jurisprudence examination when directed by the Board;
  - (6) Successfully completes the minimum data set survey; and
  - (7) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.
  - (8) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or defer action on the application to the full Board.
  - (9) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

## B. **Timeliness of Application**

If an application for renewal of license/registration is not administratively complete and postmarked or submitted electronically by the date of expiration of the license/registration, the late fee shall be assessed.

4. **Criteria for all other License/Registration Renewals**

- A. The Board, or if delegated, Board staff may renew the license/registration of an **allopathic** physician **other than an active clinical license** who meets all of the following requirements:
- (1) Submits an administratively complete license/registration renewal application on forms approved by the Board;
  - (2) Pays the appropriate license renewal fee and/or late fee (if any);
  - (3) With the exception of Interstate Telemedicine Consultative Registration, affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the **allopathic** physician may request an extension of time for no more than six (6) months for prolonged illness, undue hardship, or other extenuating circumstances to complete the CME. The Board Secretary, Board Chair, or other Board designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits; and
  - (4) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.
  - (5) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or other Board designee who may approve the application or defer action on the application to the full Board.
  - (6) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

B. **Timeliness of Application**

If an application for renewal of license/registration is not administratively complete and postmarked or submitted electronically by the date of expiration of the license/registration, the late fee shall be assessed.

5. **Process for Withdrawal of License or Withdrawal of an Application for License**

- A. An **allopathic** physician may request to withdraw a license by submitting an administratively complete renewal application which states the reason for requesting the withdrawal of the license.
- B. An applicant may request to withdraw their application for a license by submitting a written request which states the reason for requesting to withdraw the application.

- C. The Board staff may approve an application to withdraw a license where the Board has no open investigation or complaint regarding the applicant, and the applicant is in compliance with any active consent agreement or decision and order.
- D. The Board may grant or deny requests to withdraw a license or application for a license.

#### 6. Requirements for License Reinstatement

- A. The Board, or if delegated, Board staff may reinstate a lapsed or withdrawn license of an **allopathic** physician who meets all of the following requirements:
  - (1) Submits an administratively complete reinstatement application on forms approved by the Board;
  - (2) Pays the appropriate reinstatement fee(s) and/or late fees (if any);
  - (3) Provides a written statement explaining why he/she withdrew or allowed the license to lapse and a detailed listing of his/her activities since that time;
  - (4) Meets the examination requirement; and
  - (5) Has no cause existing that may be considered grounds for disciplinary action or denial of license reinstatement as provided by law.
- B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding reinstatement of the license, Board staff shall consult with the Board Secretary, Board Chair, or -other Board designee who may approve the application or defer action on the application to the full Board.
- C. An **allopathic** physician whose license has lapsed or been withdrawn for more than five (5) years shall apply for a new license.
- D. The applicant's license may not be reinstated if the applicant has not provided evidence satisfactory to the Board of having actively engaged in the practice of medicine continuously for at least the past 12 months under the license of another jurisdiction of the United States or Canada unless the applicant has first satisfied the Board of the applicant's current competency by passage of written examinations or practical demonstrations as the Board may prescribe, including but not limited to meeting the continued clinical competency requirements of this rule.

### SECTION 9. CONTINUING CLINICAL COMPETENCY REQUIREMENTS

#### 1. Requirements

##### A. General

If an applicant has not engaged in the active practice of clinical medicine during the 24 months immediately preceding the filing of the application, the Board may

determine on a case by case basis in its discretion whether the applicant has adequately demonstrated continued competency to practice clinical medicine.

**B. Demonstrating Current Competency**

The Board may require an applicant to submit to any competency assessment(s) or evaluation(s) conducted by a program approved by the Board. If the assessment/evaluation identifies gaps or deficiencies, the applicant must complete an educational/remedial program to address them. The Board retains the discretion regarding the method of determining continued competency based upon the applicant's specific circumstances. The methodology may include but is not limited to successful passage of examination(s), completion of additional training, and successful completion of a formal re-entry to practice program approved by the Board.

- C. If the Board determines that an applicant requires a period of supervised practice and/or the completion of an educational or training program, the Board may at its discretion issue the applicant a probationary license pursuant to a consent agreement or issue an applicant a reentry license in conjunction with a return to practice plan.
- D. All expenses resulting from the assessment and/or any training requirements are the sole responsibility of the applicant and not of the Board.

**SECTION 10. FEES**

**1. License, Registration, Examination & Late Fees**

- A. Board staff shall collect the following fees prior to the issuance of any license or registration:
- |     |  |       |
|-----|--|-------|
| (1) | Initial License Application.....   | \$600 |
| (2) | Initial Jurisprudence Examination .....  | \$100 |
| (3) | Temporary License Application .....  | \$400 |
| (4) | Emergency 100-Day License Application.....   | \$400 |
| (5) | Education Certificate (3 years) .....  | \$300 |
|     | (Fee may be prorated for 2 <sup>nd</sup> or 3 <sup>rd</sup> year initial applicants) |       |
| (6) | Emeritus License .....   | \$0   |
| (7) | Volunteer License .....  | \$50  |
| (8) | Youth Camp License Application.....  | \$100 |
| (9) | License/Registration Renewal .....   | \$500 |

- (10) License/Registration Renewal within 6 months of initial licensure  
\$150
- (11) Inactive License Renewal ..... \$100
- (12) License Renewal Late Fee ..... \$100  
(Renewal application filed after license expiration date)
- (13) Emeritus License Renewal..... \$0
- (14) Volunteer License Renewal ..... \$50
- (15) License Reinstatement after Withdrawal ..... \$550
- (16) License Reinstatement after Lapse ..... \$600
- (17) Interstate Telemedicine Consultation Registration..... \$500
- (18) Protested check and/or returned checks..... \$100

## SECTION 11. CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS AND DEFINITIONS

### 1. Requirements

#### A. General

~~With the exception of Interstate Telemedicine Consultative Registration~~, each allopathic physician licensed by this Board with an active status license shall complete during each biennial licensing period, a minimum of forty (40) credit hours of Category 1 (as defined by this rule) continuing medical education (CME).

Current certification, including maintenance of certification, by the American Board of Medical Specialties (ABMS) is deemed equivalent to the requirements in section A. Lifetime certification is not deemed equivalent.

#### B. CME for Opioid Prescribing

Allopathic Physicians must complete 3 hours of Category 1 credit CME every two years on the prescribing of opioid medication as required by Board Rule Chapter 21 "Use of Controlled Substances for Treatment of Pain."

- C. If an applicant for re-licensure/re-registration does not complete the required CME, then an Inactive license/registration will be issued unless the Secretary has granted an extension of time or deferment as described in subsection 4A below.

### 2. Definition of Category I CME

- A. Category 1 CME may include the following:

- (1) CME programs sponsored or co-sponsored by an organization or institution accredited by the American Medical Association Council on Medical Education (AMA), the Accreditation Council for Continuing Medical Education (ACCME) or the Committee on Continuing Medical Education of the Maine Medical Association. Programs will be properly identified as such by the approved sponsoring or co-sponsoring organization. VALUE: One (1) credit hour per hour of participation VERIFICATION: Certificate of completion, if requested by the Board as part of a CME audit.
- (2) Papers or articles published in peer reviewed medical journals (journals included in *Index Medicus*). VALUE: Ten (10) credit hours for each article. Limit one article per year. VERIFICATION: Copy of first page of article, if requested by the Board as part of a CME audit.
- (3) Poster preparation for an exhibit at a meeting designated for AMA category 1 credit, with a published abstract. VALUE: Five (5) credit hours per poster. Limit one poster per year. VERIFICATION: Copy of program with abstract and presenter identified, if requested by the Board as part of a CME audit.
- (4) Teaching or presentation in activities designated for AMA category 1 credit. VALUE: Two (2) credit hours for each hour of preparation and presentation of new and original material. Limit ten (10) hours per year. VERIFICATION: Copy of program from activity, if requested by the Board as part of a CME audit.
- (5) Medically related degrees, i.e. MPH, Ph.D. VALUE: Twenty Five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.
- (6) Postgraduate training, i.e. internship, residency, fellowship. VALUE: Fifty (50) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.
- (7) The requirements of the following programs, if completed during the twenty four (24) months preceding renewal may be considered as equivalent to Category 1. VALUE: Twenty Five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.
  - (a) AMA Physicians Recognition Award.
  - (b) Membership in the American Academy of Family Physicians.
  - (c) Professional Development Program of the American College of Obstetricians and Gynecologists.
- (8) Other programs developed or approved from time to time by the Board. VALUE: Determined at the time of approval. VERIFICATION: Determined at the time of approval.

3. **Evidence of Completion**

Board staff shall perform random audits of CME.

4. **Exceptions/Deferments to CME Requirements**

- A. The Board Secretary, Board Chair, or -other Board designee, at her/his discretion, may grant an extension of time or deferment not to exceed six (6) months to a licensee who because of prolonged illness, undue hardship, or other extenuating circumstances has been unable to meet the requirements of CME.
- B. CME will be prorated during the first licensure period.
- C. CME requirements will be stayed for physicians called to active military duty.
- D. The Board may allow a full or partial exemption from CME requirements for a returning military veteran or the spouse of a returning military veteran; however, evidence of completion of CME may be required for a subsequent license/registration renewal.

**SECTION 12. NOTIFICATION REQUIREMENTS FOR PHYSICIANS**

1. **Change of Contact Information**

An **allopathic** physician licensed with this Board shall notify the Board in writing within ten (10) calendar days of any change in work or home address, e-mail, phone, or other contact information.

2. **Criminal Arrest/Summons/Indictment/Conviction**

An **allopathic** physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of being arrested, summonsed, charged, indicted or convicted of any crime.

3. **Changes in Status of Employment or Hospital Privileges**

An **allopathic** physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of termination of employment, or any limitation, restriction, probation, suspension, revocation or termination of hospital privileges.

4. **Change in Status of Employment of Physicians Issued Emergency 100-Day, Temporary, Youth Camp License, or Educational Certificates**

An **allopathic** physician issued an Emergency 100-Day license, Temporary License, Youth Camp License, or Educational Certificate shall notify the Board in writing within ten (10) calendar days of termination of employment with the specific practice location for which the licensed was issued.

5. **Disciplinary Action**

An **allopathic** physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of disciplinary action taken by any licensing authority including, but not limited to, warning, reprimand, fine, suspension, revocation, restriction in practice, or probation.

6. **Material Change**

An **allopathic** physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of any material change in qualifications or the information and responses provided to the Board in connection with the physician's most recent application submitted to the Board.

7. **Change of Name**

An **allopathic** physician licensed by the Board shall notify the Board in writing within thirty (30) calendar days regarding any legal change in his/her name and provide the Board with a copy of the pertinent legal document (e.g. marriage certificate or court order).

**SECTION 13. CITATIONS**

1. In addition to the Chapter 4, Rules for the Issuance of Citations, the Board, or if delegated, Board staff may issue citations imposing administrative fines to **allopathic** physicians in lieu of taking disciplinary action for the failure to file a written notification with the Board as required by this rule as follows:

- A. For each violation of the notification requirements in section 12 subparagraphs 1, 4, 6 and 7 of this chapter, a citation in the amount of \$100 may be issued.
- B. For each violation of the notification requirements in section 12 subparagraphs 2, 3 and 5 of this chapter, a citation in the amount of \$200 may be issued.

2. **Service of Citations**

The citation may be served on the licensee by mail sent from the Board office.

3. **Right to Hearing**

The citation shall inform the licensee that the licensee may pay the administrative fine or request in writing a hearing before the Board regarding the violation. If the licensee requests a hearing, the citation shall be processed in the same manner as a complaint pursuant to 32 M.R.S. §3282-A, except that the licensee's written response to the citation must be filed at the same time as the written request for hearing.

4. **Time for Payment or Request for Hearing**

The licensee shall either pay the administrative fine within thirty (30) days following issuance of the citation or request a hearing in writing within thirty (30) days following issuance of the citation. Failure to take either action within this thirty-day (30-day) period is a violation of the Board's rules that may subject the licensee to further disciplinary action by the Board for unprofessional conduct, including but not limited to an additional fine and action against the license.

5. **Citations Violations not Reportable**

Administrative fines paid solely in response to citations issued pursuant to this rule do not constitute discipline or negative action or finding and shall not be reported to the Federation of State Medical Boards or the National Practitioner Databank or to any other person, organization, or regulatory body except as allowed by law. Citation violations and administrative fines are public records within the meaning of 1 M.R.S. §402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. §408-A.

**SECTION 14. CONDUCT SUBJECT TO DISCIPLINE**

Violation of this rule by an [allopathic](#) physician constitutes unprofessional conduct and is grounds for discipline of a physician's license.

Failure to personally complete all parts of initial or renewal applications and/or addendums that are not expressly required to be performed by another person or entity is a violation of this rule and is grounds for discipline of an [allopathic](#) physician's license.

**SECTION 15. DUTIES OF THE SECRETARY OF THE BOARD**

1. **License/Registration Review and Action**

- A. The Secretary shall review all applications (initial/ renewal/conversion) for licensure/registration with negative or questionable information. Following review, the Secretary may:
- (1) Approve an application for licensure/registration/conversion, which the staff shall report at the next regular Board meeting;
  - (2) Require an applicant to submit additional information, including but not limited to professional references or reports, as part of the application review process;
  - (3) Present an application to the full Board.

2. **Other**

- A. The Secretary shall provide final approval of special testing accommodations for the USMLE examinations, or may delegate those decisions to the contractor;
- B. All other duties as listed in statute or as from time to time delegated by the Board and recorded in the minutes of the Board.

- C. The Secretary shall review requests to withdraw applications and shall grant the requests or refer to the full Board for discussion.

**3. Delegation by Secretary of Assigned Duties**

- A. The Secretary may temporarily delegate any duties assigned under this rule to another member of the Board; and
- B. The Secretary may refer any assigned duty to the full Board for final decision.

STATUTORY AUTHORITY: ~~32 M.R.S. §§ 3266, 3269, 3271, 3276-3278, 3280 A, 3300 D; 10 M.R.S. §§ 8003(5)(C), 8003 E, 8011(4)~~

**EFFECTIVE DATE:**

~~July 26, 1974~~  
~~August 23, 2006~~

**AMENDED:**

~~August 11, 1975~~  
~~November 16, 1977~~  
~~February 2, 1980~~  
~~August 28, 1985 Sec. 6 (C)&(I)~~  
~~November 3, 1988 Sec. 6 a 7 (repealed)~~  
~~August 23, 2006 repealed and replaced~~  
~~December 1, 2008 filing 2008-568~~

**EFFECTIVE DATE (ELECTRONIC CONVERSION):**

~~October 22, 1996~~

**NON-SUBSTANTIVE CHANGES:**

~~January 29, 1999 converted to Microsoft Word~~  
~~April 6, 2000 corrected header, and typo in Sec. 12(F)(3)~~

**REPEALED AND REPLACED:**

~~August 22, 2005 filing 2005-331~~  
~~August 23, 2006 filing 2006-389~~

**AMENDED:**

~~December 1, 2008 filing 2008-568~~

**REPEALED AND REPLACED:**

~~December 23, 2017 filing 2017-200~~

**APAO ACCESSIBILITY CHECK:**

~~January 29, 2026 (no issues detected)~~

**AMENDED:**

~~February 3, 2026 filing 2026-024~~

## Terranova, Tim E

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**From:** Louisa Barnhart <louisa.barnhart42@gmail.com>  
**Sent:** Tuesday, March 24, 2026 12:22 PM  
**To:** MacArthur, Rachel; Terranova, Tim E  
**Subject:** Board merger

**EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Dear Ms. Macarthur and Mr. Terranova,

In reviewing the proposed merger, I have a grave concern. If 16% of Maine physicians are from DO background, why might they be overrepresented at the BOLIM level at 50% ? I suggest this number be proportional.

In order to address DO background concerns of prejudice or unfairness, a committee of concern could be established with the reverse proportions, 84% DO or 50/50 proportions. Any DO complaints about Board treatment or manipulation cases could be referred to this sub board. Likely this committee would only be needed transitionally. The decisions of this committee would have to be final in order for this to work.

Id be curious how other states arrive at the representation on the State Board.

In general, I highly support this merger.

Respectfully submitted,

Louisa Barnhart MD  
Former Chair of BOLIM