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March 24, 2026 Newsletter

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FROM THE CHAIR

Avoiding Complaints Through Effective Communication

Renée Fay-LeBlanc, M.D., Board Chair

BOLIM's primary responsibility is to protect the health, safety, and welfare of the citizens of Maine. BOLIM carries out this mission through licensing and regulation, which includes investigating complaints. In past newsletters, BOLIM has described the complaint process in an effort to help licensees better understand the process and lower the levels of stress and uncertainty that come with a complaint. As a practicing physician, I understand that any board complaint is stressful. Responding takes time, can be emotionally draining and financially costly.

BOLIM does not proactively search out licensees to discipline. However, by law BOLIM must investigate every complaint it receives. BOLIM takes this process seriously and reviews each complaint and response thoroughly. In most cases (86% of the time in 2025), the complaint is dismissed with no action or dismissed with a Letter of Guidance, which is not disciplinary and intended for educational purposes.

When action is needed, BOLIM seeks to work collaboratively with the licensee. BOLIM has a history of working with licensees to craft terms that protect the public while allowing the licensee to continue practicing and use the skills they gained from years of education and training. In many cases, this results in a full return to work with no restrictions after a period of probation.

While most complaints are dismissed, the process alone can be challenging for both the complainant and the licensee. One theme in many complaints is miscommunication. A portion of these complaints may be avoided with better communication. Healthcare has changed. Patients are often interacting with providers they do not know, in time pressured situations or communicating through a third party, like a staff member. As providers, we can be rushed for time or struggling with the EMR.

Basic things during a patient interaction can make a big difference:

- Introduce yourself, and if running late, apologize.
- Sit down, if you can.
- Give the patient eye contact (i.e. don't look at your computer the whole time).
- Remember the patient is making judgements, even before you enter the room. Open body posture, inclusive language and open-ended questions, with follow-up clarifying questions, can help indicate to a patient that you are listening.

Setting expectations for patients about when and how they will receive any results can help to alleviate future complaints.

Finally, we all work with our teams and delegate much communication to team members. This is modern medicine and appropriate. However, if a patient calls two to three times, is upset about something, and conversations with staff members have not resolved the issue, that is the time to pick up the phone and talk with the patient directly.

It is impossible to protect yourself from every imaginable communication issue, but many can be avoided by remembering that when you are on duty, everything you say and do is being interpreted by someone else.

BOLIM understands the modern-day practice of medicine places multiple burdens on its licensees and, when time needs to be saved, communication can suffer. However, medicine needs to remain patient centered and practicing good communication can save time for you and your staff down the road.

WHAT EVERYONE SHOULD KNOW

Chapter 1 Updates

An updated version of Chapter 1, Rule Regarding Physicians, went into effect on February 3rd. Below is a summary of the most significant changes.

- Change in the license title – For decades, a Maine Medical License has been called a “Permanent License.” This does not reflect the reality that the license needs to be renewed every

two years and the proliferation of various license types over the last several years. Therefore, the license will now be known as a "Clinical License."

- Voiding Applications - The ability to void initial applications after ninety days if no payment is received after six months with no action, and after one year if not complete. The rule also provides for a waiver process.
- The creation of a reentry license – Prior to this rule change, physicians who were out of clinical practice for the past twenty-four months needed to submit a reentry plan that was normally enforced through a consent agreement (a disciplinary process). The creation of this license type means physicians will be able to reenter practice without the need for a consent agreement or a report to the National Practitioner Data Bank.
- Inactive License Fee – The renewal license fee for an inactive license, which does not allow the practice of medicine has been reduced from \$500 per renewal to \$100 per renewal.
- CME Changes – Current ABMS Certification, which includes maintenance of certification, is deemed equivalent to the required forty (40) Category 1 Credit hours each licensing period. Lifetime certification does not qualify. In addition, three (3) hours of opioid related CME is still required each renewal cycle.
- Duties of the Secretary – The Secretary Duties were expanded to allow review of requests to withdraw initial applications. Requests to withdraw initial applications were previously required to be reviewed by the full Board.

Licensed physicians are responsible for knowing and following all items contained in the rules. We recommend you take the time to review the full document which can be found at <https://www.maine.gov/sos/rulemaking/agency-rules/department-professional-and-financial-regulation-rules#373>.

Chapter 15 Updates

The proposed Chapter 15, Joint Rule Regarding Standards of Practice for Intravenous (IV) Therapy Businesses, Medical Spas, and Medical Aesthetic Businesses, was published for public comment on February 11, 2026. The comment period ended on March 13, 2026.

The proposed rule, which is a joint rule with BOLIM, the Board of Osteopathic Licensure, and the Board of Nursing, clarifies that the scope of practice and the standards of practice for individuals providing health care services in intravenous (IV) therapy businesses, medical spas, and medical aesthetic businesses remain the same as the scopes of practice and standards of practice required for those health care services provided in other health care settings.

The proposed rule defines terms and sets forth scope and standard of practice guidelines for any individual or licensee providing health care services to individuals at any of these businesses or spas, including provisions regarding scope of practice and standards for compounding medications, which standards apply to mixing IV solutions.

The comment period ended on March 13, 2026. The Boards will be reviewing the comments received and determining next steps.

Register for Maine DHHS Webinar on the Rural Health Transformation Program

Maine Rural Health Transformation Program (RHTP) Webinars - March 26 and March 31

Please note that Maine DHHS will be hosting informational webinars for clinician and community partners that will provide an overview and updates on Maine's recent federal award of \$190 million for Year 1 funding of the Maine Rural Health Transformation Program (RHTP). To accommodate varying schedules, the webinar will be offered on two different dates (same content each time):

- **Thur, March 26 (3-4PM)**
 - Registration required! Please register in advance: [Webinar1 registration link](#)
 - After registering, you will receive a confirmation email containing information about joining the webinar.

- **Tues, March 31 (12N-1PM)**

- Registration required! Please register in advance: [Webinar2 registration link](#)
- After registering, you will receive a confirmation email containing information about joining the webinar.

This significant grant offers an opportunity to transform how rural health care services are delivered in Maine. More information is available on the [Maine DHHS RHTP webpage](#). For questions, please contact lisa.letourneau@maine.gov, or andrew.eppich@maine.gov.

AI Adoption Survey Request

The [Maine Telehealth and Telemonitoring Advisory Group](#), is a statewide body established by state statute within Maine DHHS. BOLIM sits on the AI Workgroup subcommittee. The Advisory Group and AI subcommittee are seeking input from healthcare professionals and organizations across Maine. As part of that process, the Advisory Group has launched a brief survey to capture how augmented intelligence (AI) is currently being used in healthcare settings — and what opportunities, challenges, and resource needs organizations are experiencing.

Your responses will directly inform the Workgroup's priorities and the development of practical tools and guidance for responsible AI adoption in Maine. Please [take the survey](#) by April 1, 2026. It takes about 5–7 minutes to complete.

MD and DO Board Merger Update

LD 2233 An Act to Combine the Board of Licensure in Medicine and Board of Osteopathic Licensure into a Single Licensing Board for All Physicians and Physician Associates

The Board of Licensure in Medicine (BOLIM) and the Board of Osteopathic Licensure (BOL) started a joint workgroup in January 2025 to discuss issues related to a possible merger.

The first meeting occurred on January 28, 2025, and meetings are held monthly. All meetings are open to public and include dedicated time for public comment. Since the first meeting, the workgroup has discussed issues such as representation, budget, board processes, and licensing requirements. The workgroup receives public comment at each meeting.

Following these in-depth discussions, the workgroup recommend that BOLIM and BOL merge. This recommendation was forwarded to both Boards. The Boards voted to support a merger with equal number of MDs and DOs on the merged board.

The Boards presented their findings to the legislative committee of jurisdiction (HCIFS) on January 27, 2026. HCIFS reviewed the material and voted to pursue a joint resolution to allow the committee to introduce a bill to merge the boards this session. The joint resolution was passed by both the house and the senate and the bill, LD 2233, was published on March 12, 2026.

The proposed legislation, along with all information reviewed by the workgroup is available on the Board's website at, <https://www.maine.gov/md/about/merger>. The Board urges all of its licensees and interested parties to review the draft legislation.

If you have a concern or comment, please submit it to BOLIM's executive director at tim.e.terrano@maine.gov.

Annual Reports for 2025

Each year Board staff prepares reports of licensing activities that have occurred during the past year. The 2025 Annual Licensing Report and the 2025 Annual Report to the Legislature can be downloaded using the following links:

- [2025 Annual Licensing Report](#)
- [2025 Annual Report to the Legislature](#)

ADVERSE ACTIONS

Adverse Actions

In 2025, the Board reviewed approximately 370 complaints and investigative reports -- an average of 30 per meeting. While the number of complaints received by the Board remains consistently large, the number of complaints that result in adverse action is quite small. In most cases, the conduct resulting in adverse action is egregious, or repeated, or both.

The Board's complaint process is relatively straight-forward. Videos explaining the complaint process are available on our website at <https://www.maine.gov/md/complaint/file-complaint>; FAQs about the complaint process are available at <https://www.maine.gov/md/complaint/discipline-faq>; and brochures regarding the complaint process are available at <https://www.maine.gov/md/resources/forms>.

Upon receipt of a complaint, it is forwarded to the licensee for a written response. Generally, the licensee's response is shared with the complainant, who may then submit a reply. The Board reviews the complaint file once completed and may take any of the following actions:

- Dismiss
- Dismiss and issue a letter of guidance
- Investigate Further
- Invite the licensee to an informal conference
- Schedule an adjudicatory hearing

The following adverse actions are being reported for the purpose of educating licensees regarding ethical and/or legal issues that can lead to discipline, and to inform licensees of any limitations or restrictions imposed upon the scope of practice.

Allan S. Teel, M.D. License #MD12495 (Date of Action January 13, 2026) The Board and Dr. Teel entered into a Consent Agreement finding Dr. Teel engaged in: (a) the practice of misrepresentation in obtaining a license by accidentally answering an application question incorrectly; (b) unprofessional conduct for violating a standard of professional behavior established in the practice of medicine; (c) for violating Board Rules, including Chapter 21 Use of Controlled Substances for Treatment of Pain; (d) failure to provide records upon request related to a pending complaint or investigation; and (e) failure to timely respond to a complaint notification.

The Consent Agreement imposes a period of probation for not less than one year. Conditions of probation include: (1) a practice restriction prohibiting Dr. Teel from accepting a new patient who is prescribed opioids or benzodiazepines on a chronic basis, except that Dr. Teel may accept new patients for whom he will only prescribe buprenorphine products for treatment of opioid use disorder or low dose benzodiazepines for chronic conditions; (2) a practice requirement that Dr. Teel review all patients to whom he prescribes opioids or benzodiazepines for chronic or palliative conditions and shall submit these for independent CSS Program review and follow all written recommendations; (3) Dr. Teel is required to conduct random pill counts and drug screens; (4) Dr. Teel shall maintain his voluntary enrollment in the independent CSS Program or notify the Board that he intends to cease his participation and submit an alternative oversight program, if necessary; and (5) Dr. Teel shall complete continuing medical education on medical record keeping.

William L. Salomon, M.D. License #MD13237 (Date of Action January 9, 2026) On January 9, 2026, the Board's denial of the renewal of Dr. Salomon's license to practice medicine became final for failure to complete the continuing medical education required for licensure.

Colleen A. Murphy, M.D. License #MD20958 (Date of Action December 9, 2025) The Board and Dr. Murphy entered into a Consent Agreement finding Dr. Murphy engaged in: (a) the practice of fraud, deceit or misrepresentation in connection with services rendered within the scope of her license to practice medicine; (b) conduct that evidenced a lack of ability or fitness to discharge the duty owed to a patient or the general public; (c) unprofessional conduct; (d) false, misleading or deceptive advertising; (e) conduct that resulted in discipline in another state related to the practice of medicine involving

unlicensed practice, which would be a violation of Board laws; and (f) for violating Board Rules by failing to notify the Board of disciplinary action taken in another state and violated Board rules.

The Consent Agreement imposes as discipline for these violations: (1) a reprimand; (2) a civil penalty in the amount of \$1000 to be paid if Dr. Murphy applies to renew or reinstate her license; and (3) a practice and eligibility restriction that she shall not engage in, nor be eligible for active licensure to engage in, the practice of medicine in Maine, including via telehealth, until she has remitted the civil penalty amount.

Arvind C. Chakravarthy, M.D. License #MD29695 (Date of Action December 9, 2025) The Board and Dr. Chakravarthy entered into a Consent Agreement finding Dr. Chakravarthy received an expedited IMLC license and thereafter failed to meet the additional licensure qualification requirement of successfully completing the Maine Jurisprudence Examination, and that in the course of his application to the Board and his failure to take the exam or correspond with the Board, that his conduct constituted violations of Board laws and rules for: (a) failing to complete the licensure qualification requirements; (b) for the practice of fraud, deceit or misrepresentation in obtaining a license; (c) for engaging in unprofessional conduct; and (d) for failing to timely respond to a Board complaint.

The Consent Agreement imposes as a discipline for these violations: (1) a licensing condition that Dr. Chakravarthy complete the Maine Jurisprudence Examination within 14 days of the execution of the Consent Agreement, or his active license will be immediately converted to inactive status; (2) a warning; and (3) civil penalty of \$250.

Paul M. Pelletier, M.D. License #MD12992 (Date of Action November 30, 2025) The Board voted to accept Dr. Pelletier's request to permanently surrender his Maine license to practice medicine while under investigation for substance misuse and unprofessional conduct, which surrender became effective on November 30, 2025.

G. Paul Savidge, M.D. License #MD8503 (Date of Action November 10, 2025) On November 10, 2025, a Third Amendment to the Consent Agreement (effective October 9, 2018) was executed. This Third Amendment amends paragraph 11(c)(6) to require Dr. Savidge to identify a new program or physician for Board approval to provide oversight of, and recommendations and reporting to the Board regarding his controlled substance prescribing, and to be fully enrolled and participating with the new program or physician no later than January 30, 2026.

Susan D. Paul, M.D. License #MD19838 (Date of Action November 10, 2025) On November 10, 2025, a Second Amendment to the Consent Agreement (effective September 15, 2021) was executed. This Second amendment amends paragraph 12(d) to require Dr. Paul to identify a new program or physician for Board approval to provide oversight of, and recommendations and reporting to the Board regarding her controlled substance prescribing, and to be fully enrolled and participating with the new program or physician no later than January 30, 2026.

Heather R. Teng, P.A. License #PA2829 (Date of Action October 14, 2025) On October 14, 2025, the Board granted P.A. Teng licensure subject to compliance with all terms of a reentry to the practice plan as required by a Consent Agreement for licensure.

Ramon E. Cheleuitte, M.D. License #MD14451 (Date of Action October 14, 2025) On October 14, 2025, a First Amendment to the Consent Agreement (effective May 21, 2024) was executed. The First Amendment ends the requirement that Dr. Cheleuitte participate in the CSS Program monitoring his controlled substance prescribing and adds a new paragraph 11(e) requiring Dr. Cheleuitte to submit monthly Prescription Monitoring Reports to the Board, to be reviewed quarterly by the Board for compliance with controlled substance prescribing laws and rules, for at least two quarters.

LICENSING ISSUES

PA Compact Update

More than 20 states have now joined the compact, and the PA Compact Commission continues working to complete the groundwork needed to make the compact a reality.

Recently, two milestones have been reached.

- The PA Compact Executive Committee selected a vendor to create the database necessary to grant privileges. The contract is currently being negotiated.
- The PA Compact published two rules, Chapter 3 on Compact Privilege and Chapter 4 on the Compact Data System, for public comment. The full commission will meet on April 6, 2026, to vote on accepting the rules.

Both the Finance Committee and the Rules Committee are working to determine what fees will be necessary to make the Compact viable and be cost effective for physician associates.

These two milestones and the work that is continuing behind the scenes mean the Compact is on track to meet its goal of issuing privileges by January 2027. Up-to-date information can be found on the PA Compact Website, <https://www.pacompact.org/>. BOLIM will notify all licensed physician associates once it is fully operational.

PA Background Check Requirement

In 2023, the legislature passed a bill that resulted in Maine joining the PA Compact. The goal of the PA Compact is to begin issuing privileges in 2027. As part of that bill, BOLIM is required to implement a criminal background check for all physician associates, including those who do not wish to participate in the compact.

In an effort to be proactive and ensure that we are prepared for the start of the PA compact, we have taken steps to begin this process now. In mid-February we began requiring background checks for initial PA applications. We will be extending this requirement to renewing physician associates, beginning with licenses expiring on 5/31/2026 and those expiring in the subsequent months. This requirement will be communicated through the renewal reminders that are sent 60 days and 30 days prior to the date of your license expiration. It is important to understand that your license will not be renewed until you have completed your background check. You do not need to wait to complete your background check until you receive this reminder. You are encouraged to begin this process now. The language and instructions on how to complete the background check are outlined below:

Background Check Required for Licenses Expiring on Or After May 31, 2026

Maine's participation in the PA Compact requires that all Physician Associates submit fingerprints or other biometric-based information for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation (FBI) and the agency responsible for retaining Maine's Criminal Records.

Instructions for Maine Physician Associates: Register for fingerprinting online at <https://me.state.identigo.com/>. If you do not register you will not be able to have your fingerprints taken. There is a one-time fee, paid to the vendor, for this process.

Your license will not be renewed until the results of the criminal background check have been received and we encourage you to register for an appointment as soon as possible.

You can complete the background check at any time prior to renewal and we encourage you to complete the process now, so you do not run into any issues during your renewal cycle.

Please note that this is an initial requirement for Maine to participate in the PA Compact. Individuals who choose to take advantage of the PA Compact process may need to complete this process again in the future.

Changes to CME Requirements for MDs

On February 3rd an amended version of the Chapter 1 Rule Regarding Physicians went into effect. Several amendments were made to include a change in the requirements for continuing medical education. As you are aware, we have historically required 40 hours of Category 1 CME to include 3 hours of opioid specific training. As an alternative to providing proof of 40 hours in the form of

certificates or transcripts, we now accept proof of current ABMS certification for those participating in MOC. It is important to know that this excludes licensees with lifetime certifications.

Please note that you will still be required to show proof of the completion of 3 hours of opioid specific training in the form of a certificate or transcript.

New Video Guides

We are excited to share that we continue to grow our video guide catalog with a recent addition of two new videos on the topics of reentry to practice and the required forms for physician associates.

The *reentry to practice* video details the necessary steps an applicant/licensee needs to take if they have not practiced clinical medicine for a period of 24 months or more. It points to the guidelines and template on the website that help guide this process. Board staff are often asked questions on the process of reentry and what the Board is looking for in a reentry plan. It is our hope that this video will create clarity and support those who are seeking to return to clinical practice.

The *required forms for physician associates* video guide presents the various practice settings that PA's work in and the forms required based on the setting and whether or not the PA has provided acceptable proof that they have worked 4,000 clinical hours. The guide details how acceptable proof can be provided. To accompany the video, a flowsheet was created as a visual aid to explain these requirements.

These videos, along with many other helpful resources, can be found on our website at <https://www.maine.gov/md/resources/forms>.

MAINE CENTER FOR DISEASE CONTROL AND PREVENTION

Measles in Maine

On February 5, 2026, The Maine Center for Disease Control and Prevention (Maine CDC) announced the first case of measles since 2019, eventually confirming [5 cases of Measles](#) in Maine. Currently, there are no new exposure locations and no ongoing risk to the general public from this cluster.

In light of these recent measles cases [and elevated incidence of measles through the United States](#) in 2025-2026, Maine CDC is encouraging providers to:

- Ensure patients are up to date on measles vaccine
 - Children: All children should receive 2 doses of MMR, one at 12-15 months and one at 4-6 years.
 - Healthcare personnel: Should have evidence of immunity (documentation of 2 doses of MMR or laboratory evidence of immunity or documentation of prior infection).
 - Travelers: People traveling internationally or domestically to areas with active measles outbreaks should ensure they have received 2 doses of MMR vaccine. Infants 6-11 months of age should receive an [early dose of MMR](#) prior to travel, though this will not count towards their routine series.
 - People born before 1957: With the exception of healthcare personnel, people born before 1957 are presumed to be immune to measles and are not routinely recommended to receive MMR.
 - Other adults: One dose of MMR vaccine, or other presumptive evidence of immunity, is sufficient for most other adults.
- Maintain clinical suspicion for measles for patients presenting with febrile rash illness. Examples of measles rash can be found here: [Photos of Measles | Measles \(Rubeola\) | CDC](#) and below:





Measles rash

- Contact the Maine CDC immediately at 1-800-821-5821 for consultation, expedited transportation, testing of appropriate samples, and questions about infection control practices.

For the latest updates and clinical resources, visit Maine CDC's measles webpage:

<https://www.maine.gov/dhhs/mecdc/diseases-conditions/infectious-diseases/rash-illness/measles>

HEALTH AND WELLNESS

MPHP 101: A Lifeline for Maine's Healthcare Professionals

Guy R. Cousins, LCSW, LADC, CCS, Director MPHP

As the Director of the Maine Medical Professionals Health Program (MPHP), I speak to hundreds of students, residents, and clinicians every year. Despite that outreach, I'm often struck by the same realization: many of these professionals have never heard of us.

Consider this MPHP 101—a guide to who we are, whom we serve, and how we protect the careers of those who care for our community.

Our Mission: Caring for the Caregiver

The MPHP is dedicated to the health and well-being of Maine's healthcare providers. We provide monitoring, resources, education, and advocacy for those challenged by:

- Substance use disorders
- Mental health challenges
- Burnout and pervasive stress
- Behavioral issues that may affect professional practice

How We Help: Individual and Organizational Support

Maine is one of 47 states and the District of Columbia to offer a Professionals Health Program (PHP). We operate on two critical levels:

Note: The MPHP provides advocacy and coordination; we do not provide direct clinical diagnoses or treatment.

1. At the Individual Level: We provide a confidential path for clinicians to seek support. We offer screening, clinical coordination, monitoring, and documentation of wellness. Whether participation is voluntary or a requirement of licensure and/or employment, we serve as an advocate for the professional's recovery and career longevity.
2. At the Organizational Level: We work with employers to usher in cultural changes that prioritize early prevention. By educating teams on how to spot the early signs of distress, we help create environments where intervention happens long before a crisis occurs.

Who is Eligible to use MPHP Services?

We serve a wide range of medical health professionals and those currently in training, including:

- Physicians (M.D. / D.O.)
- Physician Associates
- Nurses
- Students within all of these disciplines

How do I access MPHP services?

Medical Health Professionals can access our services in a variety of ways. They are:

- An individual, spouse, or partner can self-refer.
- An employer, HR Professional, or EAP can refer.
- A Licensing Board can mandate a professional to participate.

A Program Built by Peers

The MPHP has an Advisory Committee which comprises dedicated healthcare professionals from across the spectrum -- including medicine, dentistry, osteopathy, pharmacy, nursing, and veterinary medicine.

Furthermore, our work is made possible through the support of our diverse stakeholders: state licensing boards, hospitals and medical associations, malpractice carrier donations, and participation fees.

If you or someone you know could benefit from using MPHP services, you can contact us in the following ways:

- Phone: 207-623-9266
- Web: www.mainemphp.org
- Email: hlamonica@mma-mphp.org

Our vision is simple: to improve the lives of Maine's healthcare professionals in need of assistance, ensuring they can continue to practice safely and effectively.

BOARD NEWS

An Opportunity to Join the Board

Take advantage of this opportunity to gain a broad and deeply informed perspective on the spectrum of medical practice in Maine while performing an essential public service in overseeing public safety.

The Maine Board of Licensure in Medicine ("Board") has been licensing and regulating allopathic physicians in Maine since 1895. Today, it consists of 11 members – 6 actively practicing physicians, 2 actively practicing physician associates, and 3 public members. The Board is seeking two physician members who meet the following statutory qualifications:

[Be a] graduate of a legally chartered medical college or university having authority to confer degrees in medicine and must have been actively engaged in the practice . . . in this State for a continuous period of 5 years preceding . . . appointment to the Board.

There are currently 2 open physician seats. The Board has a current special interest in seating a surgeon in one of those seats.

The Board meets once a month at its offices in Augusta, Maine. The members of the Board are provided with materials for an upcoming meeting 1-2 weeks in advance. A typical Board meeting commences at 8:00 am and lasts until 4:00-5:00 pm. During a meeting, the Board conducts reviews of applications for licensure, complaints and investigations, and rulemaking. In addition, the Board occasionally holds informal conferences and adjudicatory hearings to resolve complaints and investigations.

The Board is composed of motivated, hard-working individuals committed to ensuring the protection of the public. The Board is supported by a dedicated staff of professionals. Anyone who may be

interested in this challenging and rewarding opportunity should contact Tim Terranova, Executive Director at: (207) 287-6930 or by email at tim.e.terranova@maine.gov; or Valerie Hunt, Assistant Executive Director at (207) 287-3605 or e-mail at valerie.a.hunt@maine.gov.

Editor-in-Chief David Nyberg, Ph.D. Graphic Design Ann Casady

Credit

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Contact

Maine Board of Licensure in
Medicine
137 State House Station
161 Capitol Street
Augusta, Maine 04333-0137
Telephone: (207) 287-3601
Fax: (207) 287-6590