

## GENERAL INFORMATION/INSTRUCTIONS REGARDING COVID-19 EMERGENCY LICENSE

1. Applications will not be reviewed until all appropriate materials are received. Please type or print clearly in ink. **The practice of fraud, deceit, or misrepresentation in obtaining a license constitutes grounds for discipline pursuant** to 32 M.R.S. § 3282-A(2)(A):  
<http://legislature.maine.gov/statutes/32/title32sec3282-A.html>.
2. The Board requires BOTH your HOME mailing address and phone number, and the address and phone number of your PRINCIPAL PLACE OF MEDICAL PRACTICE. If you currently have no business address and you do not wish for your home address to be on the Internet, you must provide an alternate address, such as a Post Office box, or a mail drop. **Immediately upon beginning your practice of medicine in Maine, you must provide the Board with your Maine business address and phone number.**
3. Applicants must be performing clinical tasks related to the COVID-19 Emergency.
4. Applicants must have a valid medical license or physician assistant license in another state that remains valid for the duration of the emergency license (100 days) or have retired their Maine medical license or physician assistant license within the past two years. Applicants who have disciplinary or adverse action in the past ten years involving loss of license, probation, restriction or limitation do not qualify for licensure.
5. The completed application along with a passport type photo of the applicant may be scanned and e-mailed to [Medicine.PFR@maine.gov](mailto:Medicine.PFR@maine.gov).
6. Licenses are e-mailed to the e-mail address provided by the applicant/licensee. The applicant/licensee can then download and print a copy of the license. Applicants should ensure that the Board staff has their most up-to-date **personal** e-mail address.
  - The e-mail with the license will come from the following address: [noreply@maine.gov](mailto:noreply@maine.gov).
7. **Applications for licensure are public records under Maine law:**  
<http://legislature.maine.gov/statutes/1/title1sec402.html>. Public records must be made available to any person upon request. Information supplied as part of the application, other than those items exempted by law such as social security number and personal health information is public information.
8. The Board's staff is available to assist you by phone Monday through Friday, 8:00 am to 4:30 pm, Eastern Daylight time.
  - Applicants with last names A-L call (207) 287-3602 [tracy.a.morrison@maine.gov](mailto:tracy.a.morrison@maine.gov)
  - Applicants with last names M-Z call (207) 287-3782 [Elena.I.Crowley@maine.gov](mailto:Elena.I.Crowley@maine.gov)

**More detailed information regarding the licensing process may be found on the Board's website:**  
<https://www.maine.gov/md/licensure/license-faqs.html>.

The following statement is made pursuant to the Privacy Act of 1974, Section 7(b): Disclosure of your social security number is mandatory for tax administration purposes pursuant to 36 M.R.S. § 175 as authorized by 42 U.S.C. § 405 (c)(2)(c)(i). Disclosure of your social security number is mandatory for purposes of enforcement of child support orders pursuant to 10 M.R.S. § 8003(4-A) and as authorized by 42 U.S.C. § 405 (c)(2)(c)(ii).

Disclosure of your social security number will occur in accordance with National Practitioner Data Bank reporting requirements pursuant to 45 C.F.R. §§ 60.8, 60.9. Any other disclosure of your social security number shall be as permitted by applicable law.

## IMPORTANT INFORMATION FOR NEW LICENSEES

### 1. Mandated Reporting Requirements for Suspected Child Abuse

Maine law requires that physicians immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the physician knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. **In addition, if a child is under 6 months of age or otherwise non-ambulatory, Maine law requires physicians to immediately report to DHHS if that child exhibits evidence of the following: fracture of a bone; substantial bruising or multiple bruises; subdural hematoma; burns; poisoning; or injury resulting in substantial bleeding, soft tissue swelling or impairment of an organ, except that the reporting of injuries occurring as a result of the delivery of a child attended by a licensed medical practitioner or the reporting of burns or other injuries occurring as a result of medical treatment following the delivery of the child when the child remains hospitalized following the delivery is not required.** Please refer to 22 M.R.S. § 4011-A for all reporting requirements: <http://legislature.maine.gov/statutes/22/title22sec4011-A.html>.

Mandated Reporter Training and additional information regarding mandated reporting can be found at:

<http://www.maine.gov/dhhs/ocfs/cps/>

### 2. Mandated Enrollment in Maine Prescription Monitoring Program

All Allopathic Physicians, Osteopathic Physicians, Dentists, Physician Assistants, Podiatrists, and Advanced Practice Registered Nurses who are licensed to prescribe scheduled medications must register with the Prescription Monitoring Program (PMP). To register, please go to the Prescription Monitoring Program website:

<http://www.maine.gov/dhhs/samhs/osa/data/pmp/prescriber.htm>

### 3. Mandated Requirements Regarding Prescribing Opioid Medication

Any physician who intends to prescribe opioid medication must be aware of the laws and rules that govern this practice in Maine. The laws and rules affecting opioid prescribing include:

- Mandatory use of the PMP
- Limitations on dosing (with exceptions)
- Electronic prescriptions
- Opioid medication policy
- Universal precautions
- Mandatory 3 hours of CME on opioid prescribing

Please see 32 M.R.S. § 3300-F (<http://legislature.maine.gov/statutes/32/title32sec3300-F.html>) and Board Rule Chapter 21 (<https://www.maine.gov/md/laws-statutes/rules-statutes.html>); see also Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, Office of Substance Abuse and Mental Health Services, Chapter 11(<http://www.maine.gov/sos/cec/rules/10/chaps10.htm#118>) .

Maine Board of Licensure in Medicine  
[Medicine.PFR@maine.gov](mailto:Medicine.PFR@maine.gov)

**1.** I hereby apply for the COVID-19 Emergency License (NO FEE ) \_\_\_\_

to practice as a physician or physician assistant in the State of Maine and in support of this, submit the following information.  
Note: Locums Company addresses will not be accepted.

NAME: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
 Use this as my contact address Number and Street  Use this as my contact address Number and Street

\_\_\_\_\_ City State Zip/Postal Code \_\_\_\_\_ City State Zip/Postal Code

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_  
 Use this to contact me about my license

**Please list any specialties or subspecialties.**

Primary Specialty: \_\_\_\_\_ Specialty2: \_\_\_\_\_

**2. AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person described and identified in this application. I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of law that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine.

I certify that I have read and understand all the requirements for Maine Licensure and further certify that I meet those requirements. I will immediately notify the Board in writing of any changes to the answers to any questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I certify that:

- I will be providing clinical services related to COVID-19;
- I have a full and unrestricted license in another state that will not expire in the next 100 days or have retired my license in Maine within the past two years;
- I have not had any disciplinary or adverse action in the past ten years involving loss of license, probation, restriction, or limitation with no outstanding complaints or investigations;
- This license will expire in 100 days or at the end of the Maine State of Emergency, whichever comes first;
- The granting of this emergency license does not guarantee a full license at a later date.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, and foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of any professional and ethical qualifications for licensure in the state of Maine. I hereby release any and all entities from responsibility regarding the information they release to the Board of Licensure in Medicine.

I hereby authorize the Board of Licensure in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

\_\_\_\_\_  
Signature of Applicant Printed Name

\_\_\_\_\_  
Date

**The completed application along with a passport type photo of the applicant may be scanned and e-mailed to**  
[Medicine.PFR@maine.gov](mailto:Medicine.PFR@maine.gov)