

Instructions for completing "The Application for Maine Youth Camp License Renewal" form:

A temporary Youth Camp License entitles the holder to care only for patients at the particular camp at which he/she is employed.

1. Please type or print clearly in ink.
2. Answer all questions completely and clearly.
3. Provide complete address of current hospital affiliation.
4. Provide a photocopy of a current, active, unrestricted medical license from another state/province.
5. Submit the completed application together with all supporting documents and the NON-REFUNDABLE fee of \$100.00 to the Board of Licensure in Medicine **at least thirty days prior to the desired effective date of licensure.**

6. **Malpractice Claims:**

Your insurance carrier or attorney must provide an independent detailed explanation of all malpractice claims. This information must be received directly from the insurance company or attorney. This information is in addition to your personal explanation. Application form items 5.13 & 5.14, regarding professional (malpractice) liability claims experience, are the questions most likely to generate follow-up letters from the Board staff and delay your licensure if not answered completely. Report all claims of which you have been noticed, as well as all claims from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff, or any claim for which a court found you liable in any degree. A reporting form is provided at page 11. Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute. To be complete, your supplemental explanation must include, for each such claim reported, a full description using the Professional (Malpractice) Liability Claims Experience Form attached. See the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Woman's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Woman's Hospital

Malpractice Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Woman's Hospital was attending physician in this case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000.00 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd., Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare, P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

Please Note:

Mandated Reporter 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.

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

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

Maine Prescription Monitoring Program

As of August 1, 2014, Maine law requires all Allopathic Physicians, Osteopathic Physicians, Dentists, Physician Assistants, Podiatrists, and Advanced Practice Registered Nurses who are licensed to prescribe scheduled medications to register with the Prescription Monitoring Program (PMP). To register, please go to the Prescription Monitoring Program website: <http://www.maine.gov/pmp> Download, complete and sign a registration form located within the yellow box. You may mail, scan and email or fax a signed form to the information located on the form. Please note there are two types of registration forms available, 1) Data Requester form for active prescribers with a DEA number and, 2) Sub-Account form for assistants/non-prescribing health professionals.

More PMP information is available at: <http://www.maine.gov/dhhs/samhs/osa/data/pmp/prescriber.htm>

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
- Continuing education regarding opioid prescribing
- Opioid medication policy
- Universal precautions

See 32 M.R.S. § 3300-F and Board Rule Chapter 21.

Your application is a public record for the purposes of the Maine Freedom of Access Law (1 MRS section 401 et seq.). Public records must be made available to any person upon request. The application for licensure is a public record and information supplied as part of the application, other than those items exempted by law such as social security number and credit card information, is public information.

The Board's staff is available to assist you by phone Monday through Friday, 8:00 am to 4:30 pm, Eastern Daylight time.
Last Name A-L call (207) 287-3602
Last Name M-Z call (207) 287-3782

**RETURNING
YOUTH CAMP
PHYSICIANS
ONLY**

Fee: _____

BOARD OF LICENSURE IN MEDICINE
137 State House Station
Augusta, Maine 04333-0137
(207) 287-3602

**APPLICATION FOR LICENSE TO
PRACTICE MEDICINE AND SURGERY**

At Camp _____
Address: _____
_____, ME. _____
Camp Telephone (____) _____

Date From: _____
Date To: _____

Name _____
Last First Middle

_____ Social Security Number

Address _____

Birthplace _____
City State

Birthdate _____
Month Day Year

Daytime Telephone (____) _____

Email Address _____

Current Hospital Affiliation _____
Name Complete Address

Current State License _____
State License Number Status Expiration

AFFIDAVIT

I, _____, being duly sworn, depose and say that I am the person described and identified and that all statements made by me herein are true and correct.

Signature of Applicant

Date

Subscribed and sworn to me this _____ day of _____, 20_____

Notary Public for _____

Signature of Notary

My commission expires: _____

PERSONAL DATA

Check off (X) each appropriate response. Every 'YES' response must be fully explained by written statement on a separate 8.5" x 11" sheet of white paper. Each such explanation must be cross-referenced with the question number, and must be signed, dated, and enclosed with your application.

NOTE TO MD/APPLICANT: PLEASE COMPLETE THIS FORM YOURSELF – DO NOT DELEGATE ITS COMPLETION.

HAVE YOU EVER:

YES NO

1. Have you EVER had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
2. Have you EVER agreed with any licensing authority to voluntarily follow practice limitations, restrictions, guidelines, to make reports or to complete specific continuing education or course work?
3. Have you EVER been notified of the existence of allegations, investigations and/or complaints involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations, investigations and/or complaints remain open as of the date of this application?

SINCE YOUR LAST RENEWAL APPLICATION:

YES NO

4. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint, investigation or allegation was pending?
5. Have you been denied registration, or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by, or surrendered to:
- a) The U. S. Drug Enforcement Administration (US DEA)?
- b) Any state/territory of the U. S., INCLUDING MAINE?
6. Has there been a finding by any state or federal court or governmental agency that you violated any rule or law regulating the practice of health care?
7. Has there been a finding against you in any inquiry, investigation, or administrative or judicial proceeding by an employer, educational institution, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure?
8. Have you received a sanction or entered into any settlement agreement or integrity agreement related to Medicare, TRICARE or any state Medicaid program?
9. Health and wellness is vital for both a physician/physician assistant and the patients she/he serves. The Board strongly encourages physicians/physician assistants to take steps, including seeking treatment, when necessary to establish and maintain health and wellness. One resource available to physicians/physician assistants is the Medical Professionals Health Program (MPHP). More information about the MPHP can be found at: <https://www.mainemed.com/member-services/medical-professionals-health-program>.

The purpose of the following questions is to determine the current fitness of an applicant to safely practice medicine. The following inquiries concern current medical, mental health, and substance misuse issues that may impair the ability to safely practice. This information is treated confidentially by the Board. The mere fact of treatment for a current medical, mental health or substance misuse issue is not, by itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal

responsibility and maturity in dealing with these issues. The Board strongly encourages applicants who may benefit from treatment to seek it. The Board may deny a license to applicants whose ability to safely function in the practice of medicine or whose behavior, judgment, and understanding is currently impaired to the degree that patient safety is at risk.

SINCE YOUR LAST RENEWAL APPLICATION:

YES NO

- a. Do you have a mental or physical condition that currently impairs your ability to safely and competently practice medicine?
- b. Do you currently use any chemical substance(s), including alcohol, which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?
- If any of your answers to questions 9(a-b) is "Yes," are the limitations or impairments caused by your medical,
N/A mental health, or substance misuse condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program? Current voluntary participation in the Medical Professionals Health Program or similar program will be kept confidential.
10. Are you currently engaged in the illegal use of illicit drugs or prescription drugs that have not been prescribed to you pursuant to a legitimate physician-patient relationship? "Legitimate" means "Being in compliance with the law or in accordance with established and accepted standards."
11. Have you furnished or provided illegal drugs to anyone other than medical marijuana per applicable state law?
12. Have you furnished prescription drugs to or written a prescription for anyone without having a legitimate physician-patient relationship (This includes conduct for which you may NOT have been adjudicated in any civil, administrative or criminal proceeding)?
13. Have you been found in any civil, administrative or criminal proceeding to have:
- Possessed, used, prescribed for use, or distributed any drugs in any way other than for legitimate or therapeutic purposes?
- Diverted any drugs?
- Violated any drug law?
- Prescribed any controlled substances for yourself or family/household members?
14. Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses such as Operating Under the Influence, but not minor traffic or parking violations.
15. Have you applied for hospital, HMO or other health care entity privileges which were denied?
16. Have you had your staff privileges or employment at any hospital, long term care facility, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?
17. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?

SINCE YOUR LAST RENEWAL APPLICATION:
YES NO

18. Have you resigned from employment in lieu of termination or while under investigation?
19. Have you been terminated or suspended from any employment?
20. Have you been deselected from a managed care organization physician panel?
21. Have you been disciplined by a professional society or resigned while an accusation was pending?
22. Have you endangered the safety of others, breached fiduciary obligations, or violated workplace conduct rules?
23. Have you been named in any medical malpractice liability claim or lawsuit adjudicated by a court in favor of the other party, or settled by you or your insurance company/representatives with or without your express consent?
24. Do you have any open/pending malpractice claims?
25. Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?
26. Has it been longer than 24 months since you last practiced clinical medicine?

27. The Board is concerned with physician/physician assistant health and wellness. An important piece of maintaining health and wellness is establishing a relationship with a primary health care provider who provides regular and ongoing care. The Board is conducting a voluntary survey to determine the percentage of licensees who receive ongoing and regular care from a primary care provider, and whether further education needs to be provided to licensees regarding this important issue. Please answer the following question.

- Have you been examined/evaluated by your primary health care provider within the past 24 months?
- Decline to answer

Maine Board of Licensure in Medicine

Professional (Malpractice) Liability Claims Experience

Duplicate For Multiple Claims.

See Instructions on Pages 1

My Name:

Identity of Case:

Date and Place of Original Occurrence:

Malpractice Alleged By Claimant: Summary of My Defense:

Current Status of Case (Include payment amounts:)

Name and Address of Insurance Company and/or Attorney Defending the Case:
