

Instructions for completing "The Reinstatement Application" for a Maine Medical License

LICENSURE REINSTATEMENT LAW

Title 32 M.R.S. § 3280-A, subsection 4. **Reinstatement after lapse.** A physician may be reinstated after the lapse of a license under the following conditions.

- A. A license that has lapsed pursuant to 32 M.R.S. § 3280-A, subsection 1, paragraph B may be reinstated upon application by the physician on forms provided by the board. A physician whose license has lapsed for more than 5 years shall apply for a new license in order to practice medicine in the State.
- B. When applying for reinstatement, the licensee must state the reason why the license lapsed and pay all fees in arrears at the time of lapse plus the current license renewal application fee and a nonrefundable reinstatement application processing fee of \$100.
- C. The board may not reinstate a lapsed license if the board finds any cause that may be considered a ground for discipline pursuant to 32 M.R.S. § 3282-A. Prior to concluding that no cause exists, the board shall conduct the inquiries required by 32 M.R.S. § 3280-A, subsection 2, paragraph A for applications for renewal. In addition, the board may not reinstate the license of any physician who 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 requirement of board rules Chapter 1, section 9.

EVIDENCE OF CLINICAL EXPERIENCE OR COMPETENCY WHEN LICENSED LAPSED

You must provide the Board with satisfactory evidence of current clinical competency. Such evidence may include either:

1. 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; or
2. Passage of written examinations or practical demonstrations as the Board may prescribe for this purpose. **Also, please see the CME log instructions below.**

HOW TO APPLY FOR REINSTATEMENT

1. Please type or print clearly on the application.
2. Complete all questions on the application.
3. Submit a written statement explaining why you allowed your Maine medical license to lapse or why you withdrew from licensure.
4. Complete the Continuing Medical Education ("CME") log and submit it with your application.
5. Achieve a passing score on a State of Maine jurisprudence examination administered by the Board within the past 3 years.
6. Pay the appropriate NON-REFUNDABLE reinstatement fees.
 - A. The lapsed license reinstatement fee is \$600, which includes: (1) \$500 for the current renewal fee, (2) \$50 for a late fee, and (3) a \$50 reinstatement fee. This fee is required before a license may be issued.
 - B. The withdrawn license reinstatement fee is \$550, which includes: (1) \$500 for the current renewal fee, and (2) a \$50 reinstatement fee. This fee is required before a license may be issued.

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:

<https://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information>

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: <https://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm> 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: <https://www.maine.gov/dhhs/samhs/osa/data/pmp/index.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 or confidential by law such as personal health information, 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

**REINSTATEMENT
APPLICATION**

Maine Board of Licensure in Medicine
State House Station #137
Augusta, ME 04333

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I hereby apply for reinstatement of my license to practice medicine and surgery in the State of Maine. In addition to completing this application, I am submitting a separate written statement explaining why I allowed my Maine medical license to lapse. I understand that this separate written statement will be incorporated into this application and subject to the affidavit affirming the correctness and accuracy of all information I submit with this application.

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 : _____

Place of Birth: _____ Date Of Birth: _____ / _____ / _____
Month Day Year

Social Security Number: _____ - _____ - _____ Email Address: _____

Specialty: _____

Medical School: _____
NAME GRADUATION DATE

CITY, STATE, COUNTRY

Will you practice in Maine within the next year? Yes No If yes, in what community? _____

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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 hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and recent), 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 it's 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

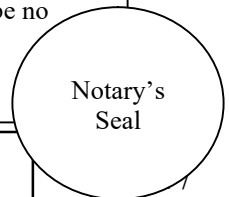
Date

Signature of Notary

Notary Commission Expires:

Attach Recent
Photo
Here

(Picture must be no
larger than this
square.)



October 18, 2021

1) APPLICANTS MUST SIGN THEIR FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC.
2) NOTARY PUBLIC MUST COMPLETE THE AFFIDAVIT AND AFFIX A NOTARIAL SEAL
OVERLAPPING A PORTION OF THE PHOTOGRAPH BUT NOT COVERING ABOVE THE NECK.

3 Registration Type

- I am applying for reinstatement of my Maine license with an Active status.
- I am applying for reinstatement of my Maine license with an Inactive status.

To apply for reinstatement of your Maine license with an active status requires that section 8 be completed and submitted regarding CME credit for the last 24 months. Also, please refer to the clinical experience requirements on page 1.

4 Current Liability Insurance Information

Insurance Company (Name, Address)

Policy # _____

- Check here if premiums for your professional liability are paid by a Hospital or other employer.
 Hospital/Employer: _____

5 MEDICAL LICENSURE

List all states, provinces, or countries in which you have held, now hold, or have applied for a medical license.

| State | Certificate # | Date Issued | State | Certificate # | Date Issued |
|-------|---------------|-------------|-------|---------------|-------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

6 PROFESSIONAL EXPERIENCE/ HOSPITAL AFFILIATIONS/WORK HISTORY

For the period of time 2 years prior to the lapsing or withdrawal of your Maine Medical license until the date of this application, list in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges. Be certain to report COMPLETE ADDRESSES. Failure to do so will delay the application process. You may photocopy this page, if necessary.

| From MO/ Yr | To Mo/Yr | Name of Hospital/Institution or Practice | Complete Address (Street, City, State/Province, Zip Code) | Certificate, Degree, or Nature of Experience | Office Use Only | |
|-------------|----------|--|---|--|-----------------|---|
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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.

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?
4. Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint, investigation or allegation was pending?
5. Have you EVER 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 EVER 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 EVER 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 EVER 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 physicians/physician assistants and the patients they serve. Physicians/physician assistants who fail to seek treatment when necessary put themselves and their patients at risk. 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:

<http://www.mainemphp.org/>.

The purpose of the following questions is to determine the current fitness of an applicant to safely practice and concern current medical conditions that impair or may impair the ability to safely practice. "Medical condition" includes any physiological or psychological disease, disorder, syndrome or condition. Information regarding medical conditions provided by applicants is treated confidentially by the Board. The mere fact of treatment for current medical conditions 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 the medical condition(s). The Board may deny, limit, or condition a license for applicants whose ability to safely practice or whose behavior, judgment, and understanding is currently impaired to the degree that patient safety is at risk.

YES NO

- a. Do you have a medical 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,” please provide a detailed explanation.

- 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 EVER furnished or provided illegal drugs to anyone other than medical marijuana per applicable state law?
- 12. Have you EVER 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 EVER:

- 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, or prescribed any medications except in an emergency or isolated setting, for yourself or family/household members?
- 14. Have you EVER 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 EVER applied for hospital, HMO or other health care entity privileges which were denied?
- 16. Have you EVER 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 EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- 18. Have you EVER resigned from employment in lieu of termination or while under investigation?
- 19. Have you EVER been terminated or suspended from any employment?
- 20. Have you EVER been deselected from a managed care organization physician panel?
- 21. Have you EVER been disciplined by a professional society or resigned while an accusation was pending?

YES NO

- 22. Have you EVER endangered the safety of others, breached fiduciary obligations, or violated workplace conduct rules?
- 23. Have you EVER 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

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CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the previous 24 months.

You must have a minimum of 40 Category 1 hours during the previous 24 months. 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."

Category I

Category 1 includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to Chapter 1 § 11 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific CME rules and definitions.]

| Accredited Sponsor | Location of Activity | Description of Activity | Dates Attended | Credits Earned |
|--------------------|----------------------|-------------------------|----------------|----------------|
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(If you need additional space, please attach a separate sheet of paper)

Total Category I Credits _____

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Date: _____ Physician Signature: _____

To be valid, this form must be signed and dated, with the hours totaled.