

Instructions for completing ""Application for Maine Medical License Conversion to Volunteer Status" Form (for both Initial Applications and Renewal Applications)

Eligibility

The following definition, which is taken from Board Rule Chapter 1, is intended to help you understand whether or not to complete the application to convert your Maine medical license to volunteer license.

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 clinic setting of clinics organized, in whole or in part, for the delivery of health care services without charge.

If you have not retired from the practice of medicine and do not intend to only provide free medical care, do not apply for this license conversion.

Requirements for Conversion

1. Currently hold either an Active or Inactive status license in Maine.
2. If Inactive status, you must meet all the requirements of an active status license, including CME requirements as specified in Board Rule Chapter 1.
3. You have no license currently subject to discipline in any jurisdiction.
4. Your medical practice will be exclusively and totally devoted to providing medical care to needy and indigent persons in Maine. The treatment of family, acquaintances, or friends, is not authorized under this license.
5. You 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 under the Volunteer license.

Application Instructions

1. Please type or print clearly in ink.
2. Answer all questions completely and clearly.
3. Submit the completed application together with all supporting documents and the NON-REFUNDABLE fee of \$50.00 to the Board of Licensure in Medicine.

Liability Insurance data:

This section must be completed if applying for registration in ACTIVE classification. Information you supply here is required for the Maine Rural Health Access Program (24-A MRS, Ch. 75, §6304, (3)). The information will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force. Please select 'Self Insurance' if you have no professional liability insurance, or if you only pay a portion of the premium.

Background Data:

Item **13** asks you to list any permanent medical practice license granted you by any state or Canadian province, whether or not it is still in force. Please do not list training permits or temporary or locum tenens licenses which you have been issued. If you were ever denied a license, see item **14 question 1**.

Item **14 questions 1-3** refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items **14 questions 4-27** ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualifications for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in previous renewal periods which was closed by a settlement during your last renewal should be disclosed. If this is your first renewal, please disclose all data.

For any **"YES"** response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it had been or is being resolved. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of your treating physician who can confirm current fitness to continue practice. The Board will inform you if clinical records or reports are required. If you reported an impairing substance misuse disorder on your application for a prior license period, please so indicate and limit your response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Medical Professionals Health Committee by calling (207)623-9266.

Item **14 question 23-24** regarding professional liability claims experience, are the questions most likely to generate follow-up letters from the Board staff and delay in your license renewal if not answered completely. Please report all claims of which you have been noticed since your last renewal. As well, report all claims since your last renewal 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. Claims against a professional corporation are considered a claim against the individual 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 Claim Experience Form attached. See the following **fictitious** example:

My Name: John B. Doe, MD

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

Date/Place of Original Occurrence: June 4, 1990, Topeka Women'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 Women's Hospital was attending physician in the case. I was named in the claim because my name appeared in the chart as the physician ordering ultrasound on first hospital day.

Current Status of the Case: Although a motion to dismiss me as a defendant is still pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told that 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:

<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

**M.D. Volunteer
Conversion
Application
Fee: \$50.**

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

Fee: _____
Exempt: ____
Exp: _____
Lpd: _____

Application for Maine Medical License Conversion to Volunteer License

Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine."

Note: Any missing entry will render this application incomplete. Also failure to enclose the appropriate conversion fee, or report CME qualification will render your application incomplete.

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Social Security Number ____ - ____ - ____

Address: _____ City: _____ State: _____ Zip: _____
Country: _____

Daytime Phone No: _____ License No: _____
Email address: _____

Type of Licensure for Which You Are Applying:

1. I am applying for conversion of my license to Volunteer License, based on evidence of CME qualification filed with this application.

Personal Data Update:

- A. If the spelling of your name, social security number, or date of birth preprinted above is not correct, please circle the error and legibly print the correct information.
- B. The Board requires BOTH your HOME mailing address and phone number, and the address and phone number of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board, but that default address is your home address, unless you specify otherwise (by selecting "P" for 'practice address'). Unless you specify otherwise, your practice address will be the address circulated by the Board in listings and publications available to the general public, including the Internet. If you currently have no practice 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.

5. I Prefer Board contact me at Home, or at Practice. (H/P) _____

My Home mailing address and phone are:

Address: _____
City: _____
State: _____ Zip: _____
Country: _____
Daytime Phone No: _____

My Practice mailing address and phone are:

Address: _____
City: _____
State: _____ Zip: _____
Country: _____
Daytime Phone No: _____

PRACTICE DATA: If your practice data is incorrect, please correct in the space provided.

7. At present I practice medicine (check all that apply):

- Full Time Hospital-based Practice Solo Do not see patients (i.e. Administrative, Research, Teaching, etc.)
- Part Time In Partnership or Group Retired

Check box if ABMS certified in each specialty.

8. Primary Specialty: _____ 10. Sub-Specialty 2: _____

9. Sub-Specialty 1: _____

11. I am ABMS Specialty Board certified (Y/N) _ by: (Board name) _____

LIABILITY INSURANCE DATA:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee’s source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to 24-A MRS, Ch. 75, § 6304(3).

12. Please indicate the method you employ to secure professional medical malpractice liability insurance. If you have no coverage answer “Y” to ‘Self Insured’:

- Are you Self Insured (Y/N) ____
- Is your insurance Physician Paid (Y/N) ____
- Is your insurance Employer Paid (Y/N) ____

If you checked off “Employer Paid”, please enter the name of the employer who or which paid your premiums here: _____

Insurance Company (Name/Address):

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Daytime Phone No: _____

Policy #: _____

BACKGROUND DATA:

(All Applicants must complete. Use additional sheet if necessary)

13. Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow):

	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

(Please make corrections to information below)

	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

I have never held a permanent medical practice license except in Maine.

Personal Data Questions:

14. 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?

HAVE YOU EVER:

YES NO

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 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.

- 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 furnished or provided illegal drugs to anyone other than medical marijuana per applicable state law?

SINCE YOUR LAST RENEWAL APPLICATION:

YES NO

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:
- 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 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?
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

AFFIDAVIT OF APPLICANT:

(All applicants must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.) 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 acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or residence.

Date: _____ Signature: _____, MD

Typed or Printed Name: _____, MD

For Office Use Only:

Staff Rev Date: _____ Recommendation: _____

Voluntary Practice Information:

15. "Volunteer Status – The physician has retired or is retiring from the active practice of medicine and wishes to donate his or her expertise for the medical care and treatment of indigent and needy patients in the clinic setting of clinics organized, in whole or in part, for the delivery of health care services without charge."

As part of the application the physician will report all locations where the physician will be providing volunteer services.

	Clinic Name	Address	Phone
1			
2			
3			
4			
5			

Note: The physician will have a written agreement to provide volunteer services at every facility where services will be provided.

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

40 credit hours are required to convert your license to volunteer status, at least 40 of which must be Category I. 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.”

The Board will routinely and regularly audit CME credits claimed. Failure to provide proof of CME credits claimed upon request by the Board may be grounds for discipline.

Therefore, it is vitally important that you retain documentation of all CME claimed.

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, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Forty (40) CME credits must be in Category 1. Category I CME’s earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Total Category I Credits Earned _____

AFFIDAVIT: I CERTIFY THAT THIS IS A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Date: _____ Physician Signature: _____

Typed or Printed Name: _____, MD

**Maine Board of Licensure in Medicine
Professional (Malpractice) Liability Claims Experience**

Duplicate For Multiple Claims.

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 amount): _____

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