



JANET T. MILLS
GOVERNOR

STATE OF MAINE
BOARD OF OSTEOPATHIC LICENSURE
142 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0142

CHRISTINE M. MUNROE, DO
BOARD CHAIR

LISA RYAN, DO
BOARD VICE-CHAIR

JOHN C. BREWER, DO
BOARD SECRETARY

RACHEL MACARTHUR
EXECUTIVE SECRETARY

Dear Applicant,

Attached please find an application to practice as a Camp Physician here in Maine.

Please return the completed application to my attention. The current Camp Physician license fee is \$200. In addition to this application, please provide the following:

- Current NPDB self-query report
- License Fee paid by check or credit card, using the form on the last page
- A clear, recently notarized copy of your medical school diploma

The full name and address of the camp where you'll be working must be provided on the front page of the application, as well as the specific dates you'll be providing coverage there. You are welcome to submit a **color** scanned copy of the application to osteo.pfr@maine.gov to be followed by the original via US Mail, FedEx, or UPS.

****NOTARIZED ORIGINAL OF THE 1st PAGE OF APPLICATION REQUIRED****

The EASIEST & FASTEST way to reach our office is via e-mail at osteo.pfr@maine.gov. You can also call 207-287-2480; if I'm unable to answer, please leave a message and I'll be in touch at my earliest convenience.

Sincerely,

Rachel V. MacArthur
Executive Secretary



STATE OF MAINE
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2 STATE HOUSE STATION
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2026 CAMP LICENSE APPLICATION

APPLICATION FEE: \$200

PLEASE PRINT NEATLY, OR TYPE

1. Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Date of Birth: _____ Soc Sec #: _____

Home Phone#: _____ Work Phone#: _____

Email Address: _____ (req'd) NPI# _____

State of Current Licensure _____ License # _____ Expires: _____

2. I hereby certify that the information supplied in this application is true and accurate, and that the attached is a true photograph of me. I understand that any false answers may result in denial, suspension, or revocation of my license to practice osteopathic medicine in the state of Maine.

Please place
**RECENT, PASSPORT-
SIZED COLOR**
Photo here

**NOTARY SEAL MUST
COVER LOWER PART
OF PHOTO**

Signature of Notary Public Date

Full printed name of Notary Public Commission Expiration

Signature of Camp License Applicant

3. Specialty: _____ Medical School: _____

FULL Date Med School Completed: _____ Date of DO Degree: _____

LICENSE TO PRACTICE OSTEOPATHIC MEDICINE AT:

CAMP NAME: _____
License valid at this camp ONLY

Camp Address: _____, Maine
Street City Zip

Camp Phone#: _____ Email: _____

DATES OF COVERAGE: FROM _____ THROUGH _____ ONLY

4. Professional Training & Experience – List in chronological order all professional education and experience. Include all time periods from date of graduation from medical school to the present. Give full addresses with zip codes. Please use additional sheet if necessary.

From	To	Name of Institution	Full Address	Nature of Experience

5. **Personal Data** – Please answer all questions by circling YES or NO. If any are answered “yes” you must supply full details on a separate sheet of paper and attach it to the application. If details are not provided, the application will not be processed.

Have you EVER had any of the following occurrences?

1. Been arrested, charged, summonsed, arraigned (even if charges were later dismissed), indicted or convicted of any criminal offense (including motor vehicle offenses but NOT including minor traffic or parking violations)? OUI is NOT considered a minor offense. YES NO
2. Had a finding of sexual misconduct made against you (including in the State of Maine) regarding a patient or others (including sexual harassment)? YES NO
3. Had any licensing authority (including in Maine) deny your application for any type of license or take any form of disciplinary action against the license issued to you in that jurisdiction, including but not limited to a warning, reprimand, fine, suspension, practice restrictions, probation (with/without monitoring) or revocation? YES NO
4. Left a medical licensing jurisdiction (including Maine) with a complaint or investigation/allegation pending? YES NO
5. Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (including Maine) which allegations are open as of the date of THIS application? YES NO
6. Been denied registration or licensure or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, voluntarily suspended or revoked by: a) any state or territory (including Maine) or, b) the US Drug Enforcement Administration)? YES NO
7. Been sanctioned by Medicare or by any state Medicaid program (incl State of Maine)? YES NO
8. Suffered from physical, psychiatric or addictive disorder that would impair or require limitations on your ability to function as a physician or that resulted in the inability to practice medicine for more than 30 days? YES NO
9. Been denied hospital, HMO or any other health care entity privileges? YES NO
10. Been charged, had your hospital, HMO or other health care entity privileges suspended, restricted, limited in any way, withdrawn or revoked them voluntarily? YES NO
11. Been deselected from a managed care organization physician panel? YES NO
12. Been disciplined by a professional society or resigned while accusations were pending (incl Maine)? YES NO
13. Had a claim or lawsuit which alleged malpractice liability in which you were/are named as a/the defendant. Includes cases adjudicated by a court in favor of the other party, settled by your insurance company and/or representatives without your consent, including nuisance lawsuits. YES NO
14. Do you have any open and/or pending malpractice claim(s)? YES NO
15. Do you have plans to practice osteopathic medicine within the State of Maine without obtaining medical staff privileges at a Maine hospital? YES NO

RELEASE/AUTHORIZATION

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

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

32 § 2575. Camp physicians

An osteopathic physician who is a graduate of a school or college of osteopathic medicine approved by the American Osteopathic Association and who is of good repute may, at the discretion of the board, make application for a temporary license to practice as a camp physician at a specified camp. Such an osteopathic physician is entitled to practice only on the patients at the camp. The license must be obtained each year. Applications for such a temporary license must be made in the same manner as for regular licenses. An examination may not be exacted from applicants for temporary licenses. The fee may not be more than \$500. [1997, c. 50, §7 (amd).]

MAINE BOARD OF OSTEOPATHIC LICENSURE

Policies Adopted on December 10, 2015

Revised Date: April 12, 2018

POLICY: It is the policy of the Maine Board of Osteopathic Licensure that throughout the entire application process, only the applicant for permanent or locum tenens licensure shall contact Board staff, via e-mail (osteopfr@maine.gov), to both ensure the integrity of and to expedite the process.

If need be, in addition to contacting the applicant, Board staff may reach out to a person authorized by the applicant to speak on his/her behalf to obtain additional/clarifying information.

Effective Date: ***December 10, 2015***

Revised Date: ***April 12, 2018***

Application Processing Start Date

POLICY: It is the policy of the Maine Board of Osteopathic Licensure that the processing of an application for any type of licensure does not begin until the appropriate fee(s), and other required application documents have been received by the Board office. The thirty (30) day wait period for status updates will begin on this date. Once the 30-day period has begun, any requests for updates must be submitted by email to osteopfr@maine.gov.

Effective Date: ***December 10, 2015***

Revised Date: ***April 12, 2018***

Data Bank Self-Queries

POLICY: It is the policy of the Maine Board of Osteopathic Licensure that all applicants for licensure¹ (except for those who apply for a training permit to work under the auspices of a hospital program) must request a self-query report from the National Practitioner Data Bank at their own cost. The report must be current (not older than 30 [thirty] days) when submitted.

Applicants may forward their NPDB self-query results directly to the Board office via e-mail to osteopfr@maine.gov. If desired, the unopened paper original can be sent via US Mail to: Board of Osteopathic Licensure, 142 SHS, Augusta ME 04333-0142 (most times this will take longer than e-mail).

Effective Date: ***December 10, 2015***

Revised Date: ***April 12, 2018***

¹ Permanent, Locum Tenens, Camp, or Visiting

CREDIT CARD PAYMENT FORM

PAYMENT AMT: **\$200.00**

FOR: Camp License Application

PRINTED Name: _____
Full Name on card

CREDIT CARD#: _____

EXPIRE DATE: _____ CVV: _____

ADDRESS: _____
If different than licensee's address

Signature: _____

Return Completed Form To:

USPS Mail: Board of Osteopathic Licensure
Attn: Rachel MacArthur
142 State House Station, 161 Capitol St.
Augusta, ME 04333-0142