MAINE BOARD OF OSTEOPATHIC LICENSURE **142 SHS, 161 CAPITOL STREET AUGUSTA, ME 04333-0142**

LOCUM TENENS APPLICATION FOR OSTEOPATHIC PHYSICIANS - \$200

Application must be accompanied by a Letter of Need by Facility where you'll be working, on their letterhead and including dates of need (maximum of 6 months)

**** Please print neatly! ****

1.	Demographics								
	Full Name:			Gen	der:				
	Full Mailing Address:								
	Work Phone: _(()							
	Email Address:								
	Date of Birth:		Place of Birth: _						
	Soc Sec #:	DE	A #:	NPI	#:				
2.	<u>Affidavit</u>								
	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 Maine								
	Applicant: Sign your full na	Applicant: Sign your full name in the presence of a notary public who must complete the affidavit and affix their seal over the lower portion of your photograph							
	Signed:				Applicant Photograph Securely tape or glue a				
	NOTARY PUBLIC	recent (less than 6 months old) front-view 2x2"							
	Subscribed and sworn before me this day of, 20 passport-type color photo of yourself in this square.								
	Notary Signature:								
	My Commission Expires	S:Notary Seal cover I	ower part of photo →	_	Notary Seal must cover lower part of photo				
3.	Licensing Information – Please list all states where you hold/held a license.								
	State	License#	Expiration d	late (or status):					
4.	Medical Education								
	FULL Name & Location of the osteopathic medical school you attended:								
		of Graduation:							
5.	Specialty Information	<u>on</u>							
	Your specialty:			_ Board Certifie	ed? YES NO				
	AOA Board Certified in your field? YES NO								
	Specialty Board Nam	e:		Date C	Certified:				

		Name of Institution	Address	Nature of Experience				
details	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 y	Have you ever had any of the following occurrences?							
	a. Been arrested, charged, summonsed, arraigned (even if charges were later dismissed), indicted, or convicted of any criminal offense (including minor vehicle offenses BUT NOT including minor traffic/parking violations)? YES NO OUI is NOT considered a minor offense.							
	finding of sexual ment)? YES	al misconduct made against you (inc NO	cluding in the state of Main	e) regarding a patient or others (including sexual				
agains	t the license iss		ing but not limited to a war	type of license or take any form of disciplinary action ning, reprimand, fine, suspension, practice restrictions				
d. Left a	medical licensir	ng jurisdiction (including state of Ma	ine) while a complaint or in	vestigation/allegation was pending? YES NO				
	e. Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (including the state of Maine) which allegations are open as of the date of THIS application? YES NO							
f. Been d volunta	f. Been denied registration or licensure or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, voluntarily suspended or revoked by either: a) any state or territory (incl Maine) or b) the US Drug Enforcement Administration? YES NO							
g. Been s	sanctioned by M	ledicare or by any state Medicaid pr	rogram (including Maine)?	YES NO				
		sical, psychiatric, or addictive disor inability to practice medicine for mo		quire limitations on your ability to function as a physicia				
i. Been d	enied hospital,	HMO, or any other health care entity	y privileges? YES NO					
	harged, had you oluntarily? YE \$		e entity privileges suspend	led, restricted, limited in any way, withdrawn, or revoke				
k. Been o	deselected from	a managed care organization phys	sicians' panel? YES NO					
I. Been d	isciplined by a բ	professional society or resigned whi	le accusations were pendir	ng (incl Maine)? YES NO				
This inclu	claim or lawsuit which alleged malpractice liability in which you were/are named as a/the defendant? YES NO es cases adjudicated by a court in favor of the other party, settled by your insurance co and/or representatives without your consent, including a lawsuits.							
n. Do yo	u have a/any op	en and/or pending malpractice clair	m(s)? YES NO					
o. Do yo	u have plans to	practice osteopathic medicine within	n Maine without obtaining r	medical staff privileges at a Maine hospital? YES NC				
	Any su	pplemental correspondence mus	at be addressed to: Maine	Board of Osteopathic Licensure				

6. Professional Training & Experience

Release of Information

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.

Full Printed Name of Applicar	t:
Signature:	Date:
Applicant's e-mail address: _	license will be sent to this address – no 3 rd party address allowed

PLEASE NOTE: Locum Tenens applications must be accompanied by a Letter of Need from the facility where you'll be working, on their letterhead, indicating start & end dates (up to 6 months).

PLEASE SUBMIT COMPLETED APPLICATION WITH ORIGINAL SIGNATURES VIA USPS MAIL/FEDEX/UPS TO:
Board of Osteopathic Licensure
142 SHS, 161 Capitol St
Augusta, ME 04333-0142

Any questions? Please email us at osteo.pfr@maine.gov



State of Maine

BOARD OF OSTEOPATHIC LICENSURE
142 STATE HOUSE STATION
161 CAPITOL STREET
AUGUSTA, ME 04333-0142

Tel: (207) 287-2480 / Fax: (207) 536-5811 http://www.maine.gov/osteo Melissa Michaud, PA-C BOARD CHAIR

Rachel MacArthur EXECUTIVE SECRETARY

CREDIT CARD PAYMENT

PAYMENT AMOUNT: \$ 200.00						
For: Locum Tenens Application						
PRINTED Name:						
As shown on Credit Card Credit Card#:						
Oredit Gard#.						
Exp Date:	CVV/CVC:					
Address:)					
_						
Signature:						

Payment Receipt and Certificate will be emailed to address on application.