

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: _____ Gender: _____

6. 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. Provide full addresses.

If you need more than one additional sheet, a CV or resume is preferred.

From	To	Name of Institution	Address	Nature of Experience
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7. 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.*

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 Applicant: _____

Signature: _____ Date: _____

Applicant's e-mail address: _____
license will be sent to this address – no 3rd 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 SIGN



Janet T. Mills
GOVERNOR

State of Maine
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Melissa Michaud, PA-C
BOARD CHAIR

Rachel MacArthur
EXECUTIVE SECRETARY

CREDIT CARD PAYMENT

PAYMENT AMOUNT: \$ **200.00**