

LOCUM TENENS APPLICATION FOR OSTEOPATHIC PHYSICIANS - \$200

1. Name _____ M _____ F _____
Address _____

Work Phone: _____ Home Phone: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ DEA Number: _____

2. Affidavit

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/Notary: 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 photo.

Signed: _____

SECURE YOUR

Subscribed and sworn to before me on: _____

RECENT

Notary Signature: _____

PHOTO

My commission expires on: _____

HERE

3. Licensing Information – Please list all states where you have ever held a license. List state, license number and current status of license.

4. Medical Education – List the name and location of the osteopathic medical school you attended and the year of your graduation.

5. Specialty Information - Please list your specialty: _____

Are you Board Certified? Yes _____ No _____ AOA Board Certified in your field? _____

Full Name of Specialty Board: _____

Date of Certification: _____

6. Professional Training and 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 w/zip codes. If you need more than one additional sheet for training or experience, a CV or resume is preferred.

From	To	Name of Hospital/Institution	Address	Nature of Experience

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. 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 the State of 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 or without monitoring) or revocation? YES NO
4. Left a medical licensing jurisdiction (including in the State of Maine) while a complaint or investigation/allegation was pending? YES NO
5. 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
6. 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 (including the State of 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 any 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 State of Maine)? YES NO
13. Had a claim or lawsuit which alleged malpractice liability in which you were/are named as a/the defendant. This 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 a/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

Supplemental correspondence must be addressed to: Maine Board of Osteopathic Licensure

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.

Date:

Signature:

Full Name of Applicant (typed or handwritten): _____

E-Mail Address of **Applicant only** (must be provided as license/other information will be sent to this e-mail):

COMPLETED ORIGINAL APPLICATION W/ORIGINAL SIGNATURES MUST BE SUBMITTED VIA US MAIL/FEDEX/UPS TO THE ADDRESS ATOP THIS FORM.

Questions? Please e-mail the Board office at osteopfr@maine.gov