



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

SCOTT A. THOMAS, D.O.
BOARD CHAIR

SUSAN E. STROUT
EXECUTIVE SECRETARY

PAUL R LEPAGE
GOVERNOR

LOCUM TENENS

Dear Applicant:

Attached please find an application to practice as a Locum Tenens physician in the State of Maine. Please follow all instructions and **do not** alter the format of this application – it must be completed as is. Partially completed, photocopied applications will not be accepted.

Along with your completed application¹, you must provide:

1. A **current, passport-size photo** of yourself attached (**not copied or embedded into**) to your application;
2. A **notarized photocopy**² of your medical school diploma;
3. A **notarized photocopy**³ of your current license in another state which does not expire for at least six (6) months from the start date of your Locums assignment;
4. **Current**⁴ self-query report from National Practitioner Data Bank. The e-mailed report received by the applicant may be forwarded directly to this office (osteo.pfr@maine.gov);
5. Check or money order in the amount of **\$200** (payable to Board of Osteopathic Licensure); payment may also be made via credit card (form attached). **Fees are non-refundable.**

The application should be completed by the applicant him/herself to ensure that all answers provided are answered appropriately and to avoid the applicant having to make corrections prior to submission to this office. Supplemental information pages from applications from other state licensing boards are not acceptable. If additional sheets are needed for education/work history, a CV or resume are preferred.

A **letter of need** from the hospital or institution requiring your services must be submitted by the hospital or institution **directly to this office**. The letter must be specific, including dates not to exceed 6 months and may be submitted via e-mail, fax, US Mail or FedEx⁵. Locum Tenens licenses are site specific and cannot be renewed.

The Application for Locum Tenens is in Adobe format. If you do not have Adobe Acrobat Reader you can download it for free at www.adobe.com or, you can e-mail or call this office and an application will be sent to you. The statute governing the issue of a Locum Tenens license is <http://janus.state.me.us/legis/statutes/32/title32sec2574.html> and is included with this packet of information.

Please feel free to contact me at the number or e-mail address below with questions. If I am unable to take your call, please leave a message and I'll get back to you as soon as possible.

Sincerely,

Susan E. Strout

Susan E. Strout
Executive Secretary

¹ Please be sure that the Notary Public follows instructions on the application and places seal over your photograph;

² Must be a **current** notarization and notary must state that he/she has seen the original and it is a true copy.

³ Must be a **current** notarization and notary must state that he/she has seen the original and it is a true copy.

⁴ Must be processed no more than thirty (30) days prior to submission of the application to this office.

⁵ If submitting via FedEx, **please use our physical location address**: 161 Capitol Street, Augusta, ME 04330.

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 full name in the presence of a notary public who must complete affidavit and affix notarial seal over a 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 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

Maine Revised Statutes
Title 32: PROFESSIONS AND OCCUPATIONS
Chapter 36: OSTEOPATHIC PHYSICIANS

§2574. LOCUM TENENS

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, be given a temporary license to be effective for not more than 6 months after issuance, for the purpose of permitting the physician to serve as "locum tenens" for another osteopathic physician who is unable, because of illness or some other substantiated reason, to maintain the practice, thus fulfilling a need in that area for providing health services. The fee for such a license may be not more than \$600. [2001, c. 492, §3 (AMD).]

SECTION HISTORY

1973, c. 374, §1 (NEW). 1991, c. 425, §5 (AMD). 1993, c. 600, §A176 (AMD). 1997, c. 50, §6 (AMD). 2001, c. 492, §3 (AMD).

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MAINE BOARD OF OSTEOPATHIC LICENSURE

Policies Adopted on December 10, 2015

Contact during Application Process

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), in order to both ensure the integrity of and expedite the process.

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

Effective Date: **December 10, 2015**

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 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.

Effective Date: **December 10, 2015**

Data Bank Self-Queries

POLICY: It is the policy of the Maine Board of Osteopathic Licensure that **all** applicants for licensure¹ (*with the exception of 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.

The applicant may forward the e-mailed NPDB results directly to the Board office **followed by the unopened original** the applicant will receive via US Mail (mail to: Board of Osteopathic Licensure, 142 SHS, Augusta ME 04333-0142).

Effective Date: **December 10, 2015**

¹ Permanent, Locum Tenens, Camp or Visiting

Credit Card Payment Information for Maine Board of Osteopathic Licensure

Name _____

License Number _____

Payment for¹ _____

Authorized Amount _____

Credit Card Type Visa MasterCard (please circle one)

Credit Card # _____

Expiration Date _____ Security Code _____

Cardholder Name _____

Cardholder Address _____

Cardholder Signature _____

Signature Date _____

¹ i.e., new license application (specify type – DO, LT, CP, etc.), renewal fee, costs assessed, data list, etc.