# **02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION**

**373 BOARD OF LICENSURE IN MEDICINE**

**Chapter 1: RULE REGARDING PHYSICIANS**

**SUMMARY:** Chapter 1 pertains to the licensure, registration, notification and continuing medical education requirements for physicians. Chapter 1 also defines the duties of the Board Secretary.

**SECTION 1. DEFINITIONS**

1. “Accredited Medical School” means a school designated as accredited by the Liaison Committee on Medical Education.

2. “Active Status License” means the physician has an active license in Maine and can practice within the scope of the license issued.

3. “Administrative License” means a license limited to the practice of administrative medicine.”

4. “Administrative Medicine” means: a) professional managerial or administrative activities related to the practice of medicine or to the delivery of health care services, but not including the practice of clinical medicine; and/or b) medical research, excluding clinical trials on humans.

5. “Administratively Complete Application” is an application for licensure as developed by the Board which when submitted has: a) all questions on the application completely answered; b) signature and date affixed; c) all required notarizations included; d) all required supplemental materials provided in correct form; e) all requests for additional information submitted; and, f) all fees, charges, costs, civil penalties or fines paid.

6. “Board” means the Board of Licensure in Medicine.

7. “Clinical Medicine” includes but is not limited to: a) direct involvement in patient evaluation, diagnosis and treatment; b) prescribing any medication; c) delegating medical acts, services or prescriptive authority; or d) the supervision of physicians who practice clinical medicine, physician assistants who render medical services, or the clinical practice of advanced practice registered nurses.

8. “Educational Certificate” means a certificate issued by the Board to a medical school graduate who is enrolled in a post-graduate training program at a specific hospital for a period of not more than seven (7) years. The specific duration of the educational certificate will be based upon the request of the hospital and may be renewed every three years.

9. “Emergency 100-day License” means a license issued to a physician for not more than 100 days and issued for declared emergencies in the State or for other appropriate reasons as determined by the Board.

10. “Emeritus License” means a license issued to a qualified physician who is licensed in Maine and has retired from the active practice of medicine and does not render medical services or prescribe any medications.

11. “Fellowship” refers to advanced supervised postgraduate clinical education in a medical specialty.

12. “Inactive Status License” means the physician has an inactive license and cannot practice medicine in Maine.

13. “Jurisprudence Examination” means the examination regarding the Board’s laws and rules and laws pertaining to the practice of medicine in Maine, which is required to be taken and passed upon initial active licensure and then every four (4) years thereafter upon application for re-licensure.

14. “Pending Status License” means the physician has submitted an application for licensure or renewal of licensure upon which the Board has not made a final determination.

15. “Residency” is a period of supervised, postgraduate clinical training in a program accredited by the Accreditation Council on Graduate Medical Education (ACGME) or as otherwise allowed under statute.

16. “SPEX” (Special Purpose Examination). The SPEX is a computerized, multiple choice examination of current knowledge requisite for the general, undifferentiated practice of medicine owned and administered by the Federation of State Medical Boards. The examination is intended for physicians who currently hold, or who have previously held, a valid, unrestricted license to practice medicine in a U.S. or Canadian jurisdiction. Appropriate candidates for the SPEX include physicians seeking licensure reinstatement or reactivation after some period of professional inactivity or physicians involved in disciplinary proceedings in which the board determines the need for evaluation. The SPEX is also appropriate for physicians applying for licensure by endorsement who are several years beyond initial licensure.

17. “Telemedicine” means the practice of medicine or the rendering of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof.

18. “Interstate Telemedicine Consultation” means the provision of consultative services through interstate telemedicine to patients located in Maine by a qualified physician who is fully licensed to practice medicine in another state, registered with the Board, and who does not have an office in Maine, does not meet with or take calls from any patients located in Maine and provides such consultative services as requested by a Maine-licensed physician, physician assistant or advanced practice registered nurse who remains ultimately responsible for the patient’s care.

19. “Temporary License” means a license issued by the Board to a qualified physician for a period not to exceed one year when the Board determines that this action is necessary in order to provide relief for local or national emergencies or for situations in which the number of physicians is insufficient to supply adequate medical services or for the purpose of permitting the physician to serve as locum tenens for another physician who is licensed to practice medicine in this State.

20. “Unaccredited Medical School” means a school that is not designated as accredited by the Liaison Committee on Medical Education.

21. “Volunteer License” means a license issued by the Board to a qualified physician who has retired or is retiring from the active practice of medicine and wishes to donate his or her expertise exclusively for the medical care and treatment of indigent and needy patients in the clinical setting of clinics organized, in whole or in part, for the delivery of health care services without charge.

22. “Youth Camp License” means a temporary license issued by the Board to a qualified physician authorizing the physician to practice medicine only for the patients in a particular youth camp.

**SECTION 2. LICENSE REQUIRED**

An individual must hold an active license issued by the Board in order to practice medicine or surgery or a branch of medicine or surgery or claim to be legally licensed to practice medicine or surgery or a branch of medicine or surgery within the State by diagnosing, relieving in any degree or curing, or professing or attempting to diagnose, relieve or cure a human disease, ailment, defect or complaint, whether physical or mental, or of physical and mental origin, by attendance or by advice, or by prescribing or furnishing a drug, medicine, appliance, manipulation, method or a therapeutic agent whatsoever or in any other manner.

**SECTION 3. REQUIREMENTS FOR MEDICAL LICENSURE**

To qualify for licensure as a physician, an applicant must meet all of the following criteria:

1. **Medical Education**

A. Graduate from a medical school designated as accredited by the Liaison Committee on Medical Education.

B. Graduate from an unaccredited medical school and:

(1) Be evaluated by the Educational Commission for Foreign Medical Graduates and receive a permanent certificate from the Educational Commission for Foreign Graduates; or

(2) Achieve a passing score on the Visa Qualifying Examination (VQE) or another comprehensive examination determined by the Board to be substantially equivalent to the VQE.

2. **Medical Examinations**

A. **U.S. National Examinations**

(1) An applicant must attain passing scores on each examination in ONE of the following examination sets separately or in a combination specified in the United States Medical Licensing Exam (USMLE) instructions:

(a) United States Medical Licensing Examination (USMLE), which includes step 1, step 2 and step 2C (clinical skills with standardized patients), and step 3; or

(b) Federation Licensing Examination (FLEX); or

(c) National Board of Medical Examiners Examination (NBME).

(2) **Time and Attempt Limits for Examinations**

The applicant must:

(a) Complete the examination series (FLEX, NBME, USMLE) within seven (7) years of passing the first examination, with an automatic exception allowed for dual M.D./PhD. candidates.

(b) Complete the first two steps of the USMLE examination (USMLE 1, USMLE 2 including USMLE 2C) or approved combinations with unlimited attempts. Steps 1, 2, and 2C may be retaken after successfully passing them ONLY for the purpose of accomplishing or maintaining the seven (7) year limitation named immediately above.

(c) Complete the final examination in the series (i.e. FLEX 2, NBME 3, USMLE 3) in no more than three (3) attempts. Step 3 may not be retaken once passed with a minimum passing score.

(d) Attain a minimum passing score of seventy-five (75) – on the two number scoring system – for each examination in the set. For FLEX examinations administered before December 1, 1985, the score must be a minimum of seventy-five (75) on the composite FLEX weighted average scoring system.

(e) Request for Waiver

An applicant may apply to the Board for a waiver of the time and attempt limits. The Board may grant a waiver based upon unusual or extenuating circumstances as determined by the Board in its sole discretion.

B. **Non-U.S. National Examinations**

As an alternative to the U.S. National Examinations requirement above the Board may accept passing scores in one of the following examination sets:

(1) A licensing examination administered by any medical board which is a member of the Federation of State Medical Boards;

(2) Licentiate of Medical Council of Canada (LMCC);

(3) British Isles Credentialing – General Medical Council of United Kingdom, or Republic of Ireland, or Scotland.

3. **State of Maine Jurisprudence Examination**

A. Except for applicants for and/or registrants with an Interstate Telemedicine Consultation Registration, every applicant for licensure must attain a passing score of at least seventy-five (75) on the jurisprudence examination administered by the Board.

B. If a candidate fails to attain a score of seventy-five (75) on the jurisprudence examination, the applicant may be required to appear for an interview before a committee of the Board.

4. **Personal Interview**

A. In addition to all other qualifications, the Board may require a personal interview with the applicant to discuss issues identified in the application materials, including but not limited to:

(1) Clinical competence;

(2) Evidence of disruptive behavior which might negatively impact the practice of medicine or safety of patients;

(3) Any conduct that might be grounds for discipline or denial of licensure as provided by law or rule; or

(4) Communication skills.

5. **Postgraduate Training**

A. Graduates after July 1, 2004

Applicants who graduated from a medical school after this date must satisfactorily complete at least thirty-six (36) months in a graduate educational program or combination of graduate educational programs accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, or the Royal Colleges of England, Ireland and Scotland.

B. **Graduates before July 1, 2004 and after January 1, 1970**

Applicants who graduated from an accredited medical school within this date range must have satisfactorily completed at least twenty-four (24) months in a graduate educational program or combination of graduate educational programs accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, or the Royal College of Physicians and Surgeons of Canada.

C. **Graduates before January 1, 1970**

Applicants who graduated from an accredited medical school before January 1, 1970 must have satisfactorily completed at least twelve (12) months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, or the Royal College of Physicians and Surgeons of Canada.

D. **Residents training in Maine**

(1) When the applicant for licensure is in an Accreditation Council on Graduate Medical Education accredited post-graduate training program in this State andhas completed twenty-four (24) months of postgraduate training (in this State) and has received an unrestricted endorsement from the graduate educational program director, and it is confirmed that the applicant will continue in the program and complete thirty-six (36) months of postgraduate training, and if otherwise qualified, a full license of normal duration may be issued.

(2) If the applicant who is issued a permanent license pursuant to subparagraph (D)(1) subsequently discontinues the graduate educational program or must postpone completing the last twelve (12) months of the graduate educational program, both the licensee and the graduate educational program director shall promptly notify the Board in writing, providing full details of the issue(s) and plan for program completion, if any. The Board will review the information provided, and take any action permitted by law, including but not limited to revoking the license.

E. **Waiver for Foreign Medical School Graduates**

(1) To be considered for a waiver of the postgraduate training requirement, an applicant must meet all of the following criteria:

(a) The applicant is a graduate of a foreign medical school, not including a medical school in Canada or Great Britain;

(b) The applicant is licensed in another U.S. state; and

(c) The applicant has at least three (3) years of clinical experience in the area of expertise.

(2) If the applicant meets the foregoing criteria, the Board may grant a waiver using the following qualifications:

(a) The applicant demonstrates completion of a three (3) year clinical fellowship in the United States in the area of expertise.

(b) The applicant demonstrates completion of a three (3) year clinical non- accredited fellowship that is equivalent to an Accreditation Council on Graduate Medical Education accredited fellowship and provides the Board with the following information:

(i) Detailed procedure/patient logs.

(ii) Attestations from at least three (3) teaching physicians, senior residents, or other senior fellows, and nursing staff regarding the applicant’s level of responsibility and supervision. The attestations shall include the name and contact address of the attester.

(ii) Detailed list of conferences conducted and academic papers produced by applicant during the fellowship.

(iv) Monthly rotation schedule and the daily schedule detail for each, if available.

(v) Fellowship conference schedule and list of those attended by the applicant.

(vi) Attestation by the fellowship program director of how the following six core competencies are taught in the program: patient care; medical knowledge; interpersonal and communication skills; professionalism; practice-based learning and improvement; and systems-based practice.

(vii) Reference letters as to competency and character from the department chief and from the fellowship program director.

(viii) Proof that the fellowship is hospital-based and the hospital is accredited by The Joint Commission or the fellowship is medical school based and the school is accredited by the Liaison Committee on Medical Education (LCME).

(c) The applicant has been appointed to a clinical academic position at a licensed medical school in the United States.

(d) The applicant has articles published in peer-reviewed clinical medical journals recognized by the Board.

(e) The number of years the applicant has been in clinical practice.

(f) Other criteria indicative of expertise such as awards or recognition for professional accomplishments.

(g) Not more than three (3) medical malpractice claims shall have been filed against the applicant in a ten (10) year period, nor shall there have been any one medical malpractice settlement resulting in a settlement amount of greater than $300,000.

(3) The Board may assess an applicant for a waiver with the actual costs for investigating and determining the validity of information provided by the applicant for the waiver request.

6. Demonstrates continued clinical competency as required by this rule.

**SECTION 4. CREDENTIAL VERIFICATION**

1. Unless otherwise specified in this rule, all applicants for licensure must complete the process of verifying their core credentials with the Federation Credentials Verification Services (FCVS).

2. **Federation Credentials Verification Services (FCVS) For Static Core Credentials**

Unless otherwise specified in this rule, the Board requires that persons applying for a medical license use the FCVS to verify qualifying credentials which are static or do not change, such as identity, education and post graduate training. This verification process is conducted separately and independently by FCVS.

Unless otherwise specified in this rule, applicants must submit an FCVS application directly to FCVS on an application supplied by the Board or requested directly from FCVS and pay any required fees directly to FCVS. FCVS will then provide the Board with a non-interpretive "Physician Information Profile" containing certified copies of the applicant's credentials.

3. **Exemptions to FCVS Credentials Verification.** The following applicants are exempt in whole or in part as specified from the requirement of FCVS credentials verification:

* + 1. Licensees holding active permanent licenses issued by the Board who apply to convert their licenses to administrative, emeritus, volunteer, or inactive status do not have to complete the FCVS process;
		2. Applicants for an Interstate Telemedicine Consultation Registration;
		3. Applicants who are recent medical school graduates and who apply for an Educational Certificate;
		4. Applicants for Youth Camp Licenses must show proof of completion of the FCVS application prior to being issued a license. Staff may issue a license prior to receiving the physician’s credentialing report from the FCVS. Staff shall review the physician’s credentialing report from the FCVS upon receipt, and notify the Board if any concerning information is discovered; and
		5. Applicants for Emergency 100-Day Licenses must show proof of completion of the FCVS application prior to being issued a license. Staff may issue a license prior to receiving the physician’s credentialing report from the FCVS. Staff shall review the physician’s credentialing report from the FCVS upon receipt, and notify the Board if any concerning information is discovered.

**SECTION 5. LICENSE APPLICATION PROCESS**

1. The Board, or if delegated, Board staff may issue an active status license to an applicant who:

A. Submits an administratively complete application on forms approved by the Board;

B. Pays the appropriate licensure fee or late fee (if any). The application fees cover the cost of processing the application and are not refundable;

C. Meets the education requirement;

D. Meets the post-graduate training requirement;

E. Meets the medical examination requirement;

F. Meets the jurisprudence examination requirement;

G. Meets the clinical practice requirement; and

H. Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

2. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant’s qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

3. **License Conversion Between Biennial Renewal Dates**

Licensees may apply to convert their active status license to an inactive, emeritus, or volunteer license between scheduled biennial renewal dates by completing the appropriate renewal application and submitting it to the Board. No fee shall be assessed for this conversion. Board staff may convert the license to inactive status.

4. **Administratively Incomplete Application**

Any application for a license that has been on file with the Board without action for twelve (12) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process, including payment of new application fees, in order to proceed to licensure.

**SECTION 6. SPECIFIC TYPES OF MEDICAL LICENSES**

**1. Administrative License**

A. The Board, or if delegated, Board staff may issue an administrative license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. Meets the same requirements for licensure as an applicant for an active status license with the exception that the applicant is not required to show that he/she has been engaged in the active clinical practice of medicine.

C. Renewal of Administrative License

A physician applying to renew an administrative license must pay the same fees and meet the same requirements for renewing an active status license, including the requirement for continuing medical education (CME).

**2. Educational Certificate**

A. The Board, or if delegated, Board staff may issue an educational certificate to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Provides documentation from the educational/residency program demonstrating enrollment, including the dates of the program;

(5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. **Educational Certificate Limitation**

Educational certificates may only be issued for a specific residency program at a specific Maine hospital.

C. **Educational Certificate Duration**

Educational certificates may be issued for the duration specified by the Maine hospital’s residency director for a period of up to seven (7) years.

D. **Educational Certificate Expiration**

Educational certificates shall automatically expire:

(1) On the date specified on the educational certificate, unless renewed; or

(2) On the date that the Board receives written notification from the director of the residency program at the hospital or the resident that the resident is no longer enrolled in that specific hospital’s residency program.

(3) On the date that the Board receives written notification from the licensee that she/he is no longer employed or enrolled in that specific hospital’s residency program.

**3. Emergency 100-Day License**

A. The Board, or if delegated, Board staff may issue an emergency 100-day license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the post-graduate training requirement;

(5) Meets the examination requirement;

(6) Provides a Letter of Need which describes the circumstances that make the candidate eligible for the license. Such letter shall be transmitted directly from the organization where the physician will be practicing under the emergency 100-day license.

(7) Holds a full and unrestricted license from another United States licensing jurisdiction at the time of the application, and maintains it for the duration of the emergency 100-day license.

(8) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction.

(9) Submits an application for a permanent medical license simultaneously with the application for the 100-day license.

(10) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(11) Demonstrates continuing clinical competency as required by this rule.

B. **Emergency 100-Day License Limitations**

(1) Emergency licenses may only be issued once to the same applicant and for a period not to exceed 100 calendar days.

(2) Emergency 100-day licenses may only be issued for a specific practice location.

(3) Emergency 100-day licenses automatically expire:

(a) On the date specified on the emergency 100-day license; or

(b) On the date that the Board receives written notification from the licensee that she/he is no longer employed at the specific practice location.

4. **Emeritus License**

A. The Board, or if delegated, Board staff may issue an emeritus license to an applicant who:

(1) Currently holds an active or inactive license to practice medicine in Maine;

(2) Submits an administratively complete application on forms approved by the Board;

(3) Meets the education requirement; and

(4) Meets the post-graduate training requirement.

B. Conversion to Emeritus License Between Scheduled Renewal Dates

A physician may convert an existing license to an emeritus license between scheduled renewal dates by filing an application with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an emeritus license. The biennial renewal date remains unchanged.

5. **Inactive Status License**

A. The Board, or if delegated, Board staff may issue an inactive status license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the post-graduate training requirement;

(5) Meets the examination requirement; and

(6) Has not completed the CME required for active license renewal and has not requested or been granted an extension of time to complete the CME; or

(7) Has not actively engaged in the practice of clinical medicine for at least three (3) of the twelve (12) months prior to the submission of the application.

B. **Conversion to Inactive License Between Scheduled Renewal Dates**

A physician may convert an existing license to an inactive license between scheduled renewal dates by filing an application with the Board. Upon receipt of an administratively complete application, the Board staff shall convert the existing license to an inactive license. The biennial renewal date remains unchanged.

6. **Interstate Telemedicine Consultation Registration**

A. The Board, or if delegated, Board staff may issue an interstate telemedicine consultation registration to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Demonstrates that the applicant is a physician and is fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services;

(4) Meets the examination requirement;

(5) Has not had a license to practice medicine revoked or restricted in any state or jurisdiction; and

(6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. **Interstate Telemedicine Consultation Registration Limitations**

(1) A physician registered pursuant to this section shall not:

(a) Open an office in this State;

(b) Meet with patients in this State;

(c) Receive calls in this State from patients; and

(d) Shall provide only consultative services as requested by a physician, advanced practice registered nurse or physician assistant licensed in this State who retains ultimate authority over the diagnosis, care and treatment of the patient.

7. **Temporary License**

A. The Board, or if delegated, Board staff may issue a temporary license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure application fee;

(3) Meets the education requirement;

(4) Meets the post-graduate training requirement;

(5) Meets the examination requirement;

(6) Provides a Letter of Need which describes the circumstances which make the candidate eligible for the license. Such letter shall be transmitted directly from the organization where the physician will be practicing under the temporary license.

(7) Holds a full and unrestricted license in another state or Canadian province at the time of application, and maintains it for the duration of the temporary license.

(8) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction.

(9) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(10) Demonstrates current clinical competency as required by this rule,

B. **Temporary License Limitations**

(1) Temporary licenses may only be issued to the same applicant for a period not to exceed one (1) year. Once a licensee has held a temporary license or a combination of temporary licenses for one (1) year, she/he is no longer eligible for another temporary license.

(2) Temporary licenses may only be issued for a specific practice location.

(3) Temporary licenses automatically expire:

(a) On the date specified on the temporary license; or

(b) On the date that the Board receives written notification from the licensee that she/he is no longer employed at the specific practice location.

8. **Youth Camp License**

A. The Board, or if delegated, Board staff may issue a youth camp license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate licensure fee;

(3) Holds a full and unrestricted license in another state or Canadian province at the time of application, and maintains it for the duration of the temporary camp license;

(4) Has had no other license restricted, limited or otherwise disciplined in any other jurisdiction;

(5) Meets the examination requirement;

(6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(7) Demonstrates continuing clinical competency as required by this rule.

B. **Youth Camp License Limitations**

(1) Youth Camp licenses are issued for a limited period.

(2) Youth Camp licenses may only be issued for a specific youth camp (practice location).

(3) Youth Camp licenses automatically expire:

(a) On the date specified on the Youth Camp license; or

(b) On the date that the Board receives written notification from the licensee that she/he is no longer employed at the specific youth camp (practice location).

**9. Volunteer License**

A. The Board, or if delegated, Board staff may issue a volunteer license to an applicant who:

(1) Submits an administratively complete application on forms approved by the Board;

(2) Pays the appropriate license conversion fee;

(3) Currently holds an active status license to practice medicine in Maine;

(4) If holding an inactive Maine medical license, must meet all the requirements for an active Maine medical license, including CME requirements as defined in this rule;

(5) Must acknowledge or certify that the applicant’s practice will be exclusively and totally devoted to providing medical care to needy and indigent persons in Maine. The treatment of family, friends or acquaintances is not permitted under a volunteer license;

(6) Must acknowledge or certify that the applicant will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any medical services rendered;

(7) Reports all locations where he/she will provide volunteer services; and

(8) Provides to the Board a copy of a written agreement to provide volunteer services at every facility where services will be provided.

(9) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

B. **Conversion to Volunteer License Between Scheduled Renewal Dates**

When converting to a volunteer license between scheduled renewal dates, the physician shall follow the same procedure used to convert from an active license to an inactive license. The biennial renewal cycle remains unchanged.

C. **Renewal of Volunteer License**

A physician applying to renew a volunteer license must meet all requirements for renewing an active status license, including CME.

**10. Permanent Medical License**

This license authorizes a physician to practice clinical medicine and/or surgery and is generally renewable every two years.

A. **Application Process**

(1) Applications for a full medical license will be reviewed by the Board Staff. After review, a full license may be issued to an applicant who:

(a) Submits an administratively complete application on forms approved by the Board;

(b) Pays the appropriate licensure and registration fee to the Board;

(c) Meets the examination requirement;

(d) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law; and

(e) Demonstrates continuing clinical competency as required by this rule.

(2) Board staff may issue a full medical license to applicants who meet each criterion specified below, and report such actions at the next regular meeting of the Board.

(a) A positive review by the Executive Director or the Assistant Executive Director of the application that includes the following criteria:

(i) Each qualification for licensure has been clearly met and verified, and all issues or questions have been fully explained and documented;

(ii) All personal data questions, with the exception of telemedicine and practice location questions on the application have been answered “No”; and

(iii) The Board has received professional references regarding the applicant that are uniformly positive.

(3) Applications that do not meet the foregoing criteria as determined by the Executive Director or Assistant Executive Director will be referred to the Board Secretary, Board Chair or their designee. The Board Secretary, Board Chair or their designee may approve the application or refer the application to the Licensure Committee of the Board for review and recommendation of appropriate action to the full Board.

**SECTION 7. PROCESS FOR CONVERSION OF AN INACTIVE STATUS LICENSE OR ADMINISTRATIVE LICENSE TO AN ACTIVE STATUS LICENSE**

1. The Board, or if delegated, Board staff may convert an inactive status license to an active status license for an applicant who:

A. Submits an administratively complete application requesting an active status license on forms approved by the Board;

B. Pays the appropriate license conversion fee;

C. Provides evidence of having met the Board's requirements for CME;

D. Demonstrates continuing clinical competency as required by this rule;

E. Meets the examination requirement; and

F. Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

2. In the event that there is any question regarding CME credits or active clinical practice, the application will be presented to the Licensure Committee which will make a recommendation regarding the application to the full Board.

**SECTION 8. REQUIREMENTS FOR RENEWAL/REINSTATEMENT/WITHDRAWAL OF LICENSE/REGISTRATION**

1. **License Expiration and Renewal**

With the exception of Emergency 100-day, Temporary, Youth Camp Licenses, and Temporary Educational Certificates, the license/registration of every physician born in an odd-numbered year expires at midnight on the last day of the month of the physician’s birth every odd-numbered year. The license/registration of every physician born in an even-numbered year expires at midnight on the last day of the month of the physician’s birth every even-numbered year. The physician must renew the license/registration every two (2) years prior to the expiration of the license/registration by submitting an administratively complete application to the Board on forms approved by the Board.

2. **Renewal Notification**

At least sixty (60) days prior to the expiration of a current license/registration, the Board shall notify each licensee of the requirement to renew the license/registration. If an administratively complete re-licensure application has not been submitted prior to the expiration date of the existing license, the license immediately and automatically expires. A license may be reinstated up to 90 days after the date of expiration upon payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the license, the license immediately and automatically lapses. The Board may reinstate a license pursuant to law.

3. **Criteria for Active License/Registration Renewal**

A. The Board, or if delegated, Board staff may renew the active license/registration of a physician who meets all of the following requirements:

(1) Submits an administratively complete license/registration renewal application on forms approved by the Board;

(2) Pays the appropriate license renewal fee and/or late fee (if any);

(3) With the exception of Interstate Telemedicine Consultative Registration, affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the physician may request an extension of time for good cause to complete the CME. The Board Secretary, Board Chair, or their designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits;

(4) Demonstrates continuing clinical competency as required by this rule;

(5) Successfully completes the Board’s jurisprudence examination when directed by the Board;

(6) Successfully completes the minimum data set survey; and

(7) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

(8) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant’s qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

(9) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

B. **Timeliness of Application**

If an application for renewal of license/registration is not administratively complete and postmarked by the date of expiration of the license/registration, the late fee shall be assessed.

4. **Criteria for all other License/Registration Renewals**

A. The Board, or if delegated, Board staff may renew the license/registration of a physician **other than an active permanent license** who meets all of the following requirements:

(1) Submits an administratively complete license/registration renewal application on forms approved by the Board;

(2) Pays the appropriate license renewal fee and/or late fee (if any);

(3) With the exception of Interstate Telemedicine Consultative Registration, affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the physician may request an extension of time for no more than six (6) months for prolonged illness, undue hardship, or other extenuating circumstances to complete the CME. The Board Secretary, Board Chair, or their designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits; and

(4) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

(5) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant’s qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the Licensure Committee, which will make a recommendation regarding the application to the full Board.

(6) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

B. **Timeliness of Application**

If an application for renewal of license/registration is not administratively complete and postmarked by the date of expiration of the license/registration, the late fee shall be assessed.

5. **Process for Withdrawal of License or Withdrawal of an Application for License**

A. A physician may request to withdraw a license by submitting an administratively complete renewal application which states the reason for requesting the withdrawal of the license.

B. An applicant may request to withdraw their application for a license by submitting a written request which states the reason for requesting to withdraw the application.

C. The Board staff may approve an application to withdraw a license where the Board has no open investigation or complaint regarding the applicant, and the applicant is in compliance with any active consent agreement or decision and order.

D. The Board may grant or deny requests to withdraw a license or application for a license.

**6. Requirements for License Reinstatement**

A. The Board, or if delegated, Board staff may reinstate a lapsed or withdrawn license of a physician who meets all of the following requirements:

(1) Submits an administratively complete reinstatement application on forms approved by the Board;

(2) Pays the appropriate reinstatement fee(s) and/or late fees (if any);

(3) Provides a written statement explaining why he/she withdrew or allowed the license to lapse and a detailed listing of his/her activities since that time;

(4) Meets the examination requirement; and

(5) Has no cause existing that may be considered grounds for disciplinary action or denial of license reinstatement as provided by law.

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding reinstatement of the license, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. A physician whose license has lapsed or been withdrawn for more than five (5) years shall apply for a new license.

D. The applicant’s license may not be reinstated if the applicant has not provided evidence satisfactory to the Board of having actively engaged in the practice of medicine continuously for at least the past 12 months under the license of another jurisdiction of the United States or Canada unless the applicant has first satisfied the Board of the applicant’s current competency by passage of written examinations or practical demonstrations as the Board may prescribe, including but not limited to meeting the continued clinical competency requirements of this rule.

**SECTION 9. CONTINUING CLINICAL COMPETENCY REQUIREMENTS**

1. **Requirements**
2. **General**

If an applicant has not engaged in the active practice of clinical medicine during the 24 months immediately preceding the filing of the application, the Board may determine on a case by case basis in its discretion whether the applicant has adequately demonstrated continued competency to practice clinical medicine.

1. **Demonstrating Current Competency**

The Board may require an applicant to submit to any competency assessment(s) or evaluation(s) conducted by a program approved by the Board. If the assessment/evaluation identifies gaps or deficiencies, the applicant must complete an educational/remedial program to address them. The Board retains the discretion regarding the method of determining continued competency based upon the applicant’s specific circumstances. The methodology may include but is not limited to successful passage of examination(s), completion of additional training, and successful completion of a formal re-entry to practice program approved by the Board.

1. If the Board determines that an applicant requires a period of supervised practice and/or the completion of an educational or training program, the Board may at its discretion issue the applicant a probationary license pursuant to a consent agreement or issue an applicant a temporary license in conjunction with a return to practice plan.
2. All expenses resulting from the assessment and/or any training requirements are the sole responsibility of the applicant and not of the Board.

**SECTION 10. FEES**

1. **License, Registration, Examination & Late Fees**

A. Board staff shall collect the following fees prior to the issuance of any license or registration:

(1) Initial License Application $600

(2) Initial Jurisprudence Examination $100

(3) Temporary License Application $400

(4) Emergency 100-Day License Application $400

(5) Education Certificate (3 years) $300

(Fee may be prorated for 2nd or 3rd year initial applicants)

(6) Emeritus License $0

(7) Volunteer License $50

(8) Youth Camp License Application $100

(9) License/Registration Renewal $500

(10) License Renewal Late Fee $100

(Renewal application filed after license expiration date)

(11) Emeritus License Renewal $0

(12) Volunteer License Renewal $50

(13) License Reinstatement after Withdrawal $550

(14) License Reinstatement after Lapse $600

(15) Interstate Telemedicine Consultation Registration $500

(16) Protested check and/or returned checks $100

**SECTION 11. CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS AND DEFINITIONS**

1. **Requirements**

A. **General**

With the exception of Interstate Telemedicine Consultative Registration, each physician licensed by this Board with an active status license shall complete during each biennial licensing period, a minimum of forty (40) credit hours of Category 1 (as defined by this rule) continuing medical education (CME).

B. **CME for Opioid Prescribing**

Physicians must complete 3 hours of Category 1 credit CME every two years on the prescribing of opioid medication as required by Board Rule Chapter 21 “Use of Controlled Substances for Treatment of Pain.”

C. If an applicant for re-licensure/re-registration does not complete the required CME, then an Inactive license/registration will be issued unless the Secretary has granted an extension of time or deferment as described in subsection 2C below**.**

2. **Definition of Category I CME**

A. Category 1 CME may include the following:

(1) CME programs sponsored or co-sponsored by an organization or institution accredited by the American Medical Association Council on Medical Education (AMA), the Accreditation Council for Continuing Medical Education (ACCME) or the Committee on Continuing Medical Education of the Maine Medical Association. Programs will be properly identified as such by the approved sponsoring or co-sponsoring organization. VALUE: One (1) credit hour per hour of participation VERIFICATION: Certificate of completion, if requested by the Board as part of a CME audit.

(2) Papers or articles published in peer reviewed medical journals (journals included in *Index Medicus*). VALUE: Ten (10) credit hours for each article. Limit one article per year. VERIFICATION: Copy of first page of article, if requested by the Board as part of a CME audit.

(3) Poster preparation for an exhibit at a meeting designated for AMA category 1 credit, with a published abstract. VALUE: Five (5) credit hours per poster. Limit one poster per year. VERIFICATION: Copy of program with abstract and presenter identified, if requested by the Board as part of a CME audit.

(4) Teaching or presentation in activities designated for AMA category 1 credit. VALUE: Two (2) credit hours for each hour of preparation and presentation of new and original material. Limit ten (10) hours per year. VERIFICATION: Copy of program from activity, if requested by the Board as part of a CME audit.

(5) American Board of Medical Specialties (ABMS) specialty board certification or recertification within the 24 months preceding renewal. VALUE: Twenty Five (25) credit hours. VERIFICATION: copy of certificate or notification letter, if requested by the Board as part of a CME audit.

(6) Medically related degrees, i.e. MPH, Ph.D. VALUE: Twenty Five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.

(7) Postgraduate training, i.e. internship, residency, fellowship. VALUE: Fifty (50) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.

(8) The requirements of the following programs, if completed during the twenty four (24) months preceding renewal may be considered as equivalent to Category 1. VALUE: Twenty Five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of a CME audit.

(a) AMA Physicians Recognition Award.

(b) Membership in the American Academy of Family Physicians.

(c) Professional Development Program of the American College of Obstetricians and Gynecologists.

(9) Other programs developed or approved from time to time by the Board. VALUE: Determined at the time of approval. VERIFICATION: Determined at the time of approval.

3. **Evidence of Completion**

Board staff shall perform random audits of CME.

4. **Exceptions/Deferments to CME Requirements**

A. The Board Secretary, Board Chair, or their designee, at her/his discretion, may grant an extension of time or deferment not to exceed six (6) months to a licensee who because of prolonged illness, undue hardship, or other extenuating circumstances has been unable to meet the requirements of CME.

B. CME will be prorated during the first licensure period.

C. CME requirements will be stayed for physicians called to active military duty.

D. The Board may allow a full or partial exemption from CME requirements for a returning military veteran or the spouse of a returning military veteran; however, evidence of completion of CME may be required for a subsequent license/registration renewal.

**SECTION 12. NOTIFICATION REQUIREMENTS FOR PHYSICIANS**

1. **Change of Contact Information**

A physician licensed with this Board shall notify the Board in writing within ten (10) calendar days of any change in work or home address, e-mail, phone, or other contact information.

2. **Criminal Arrest/Summons/Indictment/Conviction**

A physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of being arrested, summonsed, charged, indicted or convicted of any crime.

3. **Changes in Status of Employment or Hospital Privileges**

A physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of termination of employment, or any limitation, restriction, probation, suspension, revocation or termination of hospital privileges.

4. **Change in Status of Employment of Physicians Issued Emergency 100-Day, Temporary, Youth Camp License, or Educational Certificates**

A physician issued an Emergency 100-Day license, Temporary License, Youth Camp License, or Educational Certificate shall notify the Board in writing within ten (10) calendar days of termination of employment with the specific practice location for which the licensed was issued.

5. **Disciplinary Action**

A physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of disciplinary action taken by any licensing authority including, but not limited to, warning, reprimand, fine, suspension, revocation, restriction in practice, or probation.

6. **Material Change**

A physician licensed by the Board shall notify the Board in writing within ten (10) calendar days of any material change in qualifications or the information and responses provided to the Board in connection with the physician’s most recent application submitted to the Board.

7. **Termination of Plan of Supervision**

A primary supervising physician licensed by the Board shall notify the Board in writing within ten (10) calendar days regarding the termination of any plan of supervision or supervisory relationship with a physician assistant and the basis for the termination of the plan of supervision or supervisory relationship with the physician assistant.

8. **Change of Name**

 A physician licensed by the Board shall notify the Board in writing within thirty (30) calendar days regarding any legal change in his/her name and provide the Board with a copy of the pertinent legal document (e.g. marriage certificate or court order).

**SECTION 13. CITATIONS**

1. In addition to the Chapter 4, Rules for the Issuance of Citations, the Board, or if delegated, Board staff may issue citations to physicians in lieu of taking disciplinary action for:

A. The failure to have a current plan of supervision that conforms to the requirements of this rule and performance review documentation on file at the location specified in the plan of supervision. The administrative fine for each violation is $200; or

B. The failure to file a written notification with the Board as required by this rule. The administrative fine for each violation is $100.

2. **Service of Citations**

The citation may be served on the licensee by mail sent from the Board office.

3. **Right to Hearing**

The citation shall inform the licensee that the licensee may pay the administrative fine or request in writing a hearing before the Board regarding the violation. If the licensee requests a hearing, the citation shall be processed in the same manner as a complaint pursuant to 32 M.R.S. §3282-A, except that the licensee’s written response to the citation must be filed at the same time as the written request for hearing.

4. **Time for Payment or Request for Hearing**

The licensee shall either pay the administrative fine within thirty (30) days following issuance of the citation or request a hearing in writing within thirty (30) days following issuance of the citation. Failure to take either action within this thirty-day (30-day) period is a violation of the Board’s rules that may subject the licensee to further disciplinary action by the Board for unprofessional conduct, including but not limited to an additional fine and action against the license.

5. **Citations Violations not Reportable**

Administrative fines paid solely in response to citations issued pursuant to this rule do not constitute discipline or negative action or finding and shall not be reported to the Federation of State Medical Boards or the National Practitioner Databank or to any other person, organization, or regulatory body except as allowed by law. Citation violations and administrative fines are public records within the meaning of 1 M.R.S. §402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. §408-A.

**SECTION 14. CONDUCT SUBJECT TO DISCIPLINE**

Violation of this rule by a physician constitutes unprofessional conduct and is grounds for discipline of a physician’s license.

**SECTION 15. DUTIES OF THE SECRETARY OF THE BOARD**

1. **License/Registration Review and Action**

A. The Secretary shall review all applications (initial/ renewal/conversion) for licensure/registration with negative or questionable information. Following review, the Secretary may:

(1) Approve an application for licensure/registration/conversion, which the staff shall report at the next regular Board meeting;

(2) Require an applicant to submit additional information, including but not limited to professional references or reports, as part of the application review process;

(3) Present an application to the Licensure Committee for consideration and referral to the full Board.

2. **Other**

A. The Secretary shall provide final approval of special testing accommodations for the USMLE examinations, or may delegate those decisions to the contractor;

B. All other duties as listed in statute or as from time to time delegated by the Board and recorded in the minutes of the Board.

3. **Delegation by Secretary of Assigned Duties**

A. The Secretary may temporarily delegate any duties assigned under this rule to another member of the Board; and

B. The Secretary may refer any assigned duty to the full Board for final decision.

STATUTORY AUTHORITY: 32 M.R.S. §§ 3266, 3269, 3271, 3276-3278, 3280-A, 3300-D; 10 M.R.S. §§ 8003(5)(C), 8003-E, 8011(4)

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