

## GENERAL INFORMATION REGARDING APPLICATIONS FOR MEDICAL LICENSURE

1. Maine uses a Uniform Application. Applicants for any type of medical license (e.g. Permanent, Temporary, Telemedicine) must complete and submit the Uniform Application (UA) through the Federation Credential Verification Service (“FCVS”): <https://www.fsmb.org/uniform-application/>.
2. Maine uses the Federation Credential Verification Service (“FCVS”) to verify the identity, education, training, and disciplinary/malpractice history of an applicant for licensure. Applicants for medical licensure must apply to establish a physician profile with the FCVS. Information regarding the FCVS is available online: <https://www.fsmb.org/fcvs/>. Applicants for the following licenses are exempt from this requirement:
  - Educational Certificates
  - Current active permanent licensees applying to convert to administrative, emeritus, volunteer, or inactive status
  - Interstate Telemedicine Consultation Registration
3. The application fees for a medical license vary depending upon the type of license. License application fees are available online: <https://www.maine.gov/md/licensure/md-licensure.html>. Application fees may be paid online by credit card. Application fees must be paid before an application can be processed. **All application fees are nonrefundable. If an applicant is uncertain that he/she qualifies for licensure, he/she should review the qualifications for licensure prior to applying.**
4. Applicants for licensure must pass the Maine Jurisprudence Examination. The Maine Jurisprudence Examination and Study Guide are available online: <https://www.maine.gov/md/licensure/md-licensure.html>.
5. Applicants for licensure must complete the State of Maine Addendum (“Addendum”) to the UA. Applicants will receive an email giving them access to the Addendum, which must be completed and submitted to the Board with the application fees.
6. Applicants for licensure may monitor the status of their applications online using the “Check the Status of My Application” feature: <http://www.maine.gov/md/>. Applicants type in their names and click on “search.”
  - If the applicant’s name does not appear, then the Board has not received the application.
  - If the applicant’s name does appear along with the word “Pending”, then the Board has received the application but a license has not yet been issued.
  - A “checklist” identifies what information has and has not been received by the Board. Applicants should review the checklist prior to contacting Board staff regarding the status of their applications.
  - The Board’s staff is available to assist you by phone Monday through Friday, 8:00 am to 4:30 pm, Eastern Daylight time.
    - Applicants with last names A-L call (207) 287-3602
    - Applicants with last names M-Z call (207) 287-3782

7. Licenses are emailed to the email address provided by the applicant/licensee. The applicant/licensee can then download and print a copy of the license.
  - The email with the license will come from the following address: [noreply@maine.gov](mailto:noreply@maine.gov).
  - Applicants should check their “spam” and “junk” email folders if the “checklist” indicates that a license was issued but they have not received the email.
  - Applicants should ensure that the Board staff has their most up-to-date email address.
8. Applications for licensure must be complete and correct before they are reviewed. **The practice of fraud, deceit, or misrepresentation in obtaining a license constitutes grounds for discipline pursuant to 32 M.R.S. § 3282-A(2)(A):** <http://legislature.maine.gov/statutes/32/title32sec3282-A.html>.
9. **Applications for licensure are public records under Maine law:** <http://legislature.maine.gov/statutes/1/title1sec402.html>. Public records must be made available to any person upon request. Information supplied as part of the application, other than those items exempted by law such as social security number, personal health information, and credit card information, is public information.

**More detailed information regarding the licensing process may be found on the Board’s website:**  
<https://www.maine.gov/md/licensure/license-faqs.html>.

## GENERAL REQUIREMENTS FOR MEDICAL LICENSURE

1. Physicians who graduated from an accredited medical school in the United States must, in general, meet the following:

- Graduate from an approved medical school.
- Successfully complete all components of the national licensing examinations within the required timeframe.
- Meet ONE of the following:
  - Successfully complete 36 months of ACGME-approved graduate medical education; or
  - Possess current certification with the American Board of Medical Specialties.
- Successfully pass the Maine jurisprudence examination.
- Pay all applicable fees.
- Have no grounds to deny licensure pursuant to 32 M.R.S. § 3282-A(2):  
<http://legislature.maine.gov/statutes/32/title32sec3282-A.html>.

2. Physicians who graduated from an international medical school must, in general, meet the following:

- Obtain a permanent certificate from the Educational Commission on Foreign Medical Graduates (ECFMG). For more information regarding the ECFMG visit: <https://www.ecfm.org/>.
- Successfully complete all components of the national licensing examinations within the required timeframe.
- Meet ONE of the following:
  - Successfully complete 36 months of ACGME-approved graduate medical education; or
  - Possess current certification with the American Board of Medical Specialties; or
  - Be granted a waiver by the Board of the 36 month of ACGME-approved graduate medical education for “exceptional circumstances” pursuant to Title 32 M.R.S. § 3271(6).  
<http://legislature.maine.gov/statutes/32/title32sec3271.html>
- Successfully pass the Maine jurisprudence examination.
- Pay all applicable fees.
- Have no grounds to deny licensure pursuant to 32 M.R.S. § 3282-A(2):  
<http://legislature.maine.gov/statutes/32/title32sec3282-A.html>

## IMPORTANT INFORMATION FOR NEW LICENSEES

### 1. Mandated Reporting Requirements for Suspected Child Abuse

Maine law requires that physicians immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the physician knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. **In addition, if a child is under 6 months of age or otherwise non-ambulatory, Maine law requires physicians to immediately report to DHHS if that child exhibits evidence of the following: fracture of a bone; substantial bruising or multiple bruises; subdural hematoma; burns; poisoning; or injury resulting in substantial bleeding, soft tissue swelling or impairment of an organ, except that the reporting of injuries occurring as a result of the delivery of a child attended by a licensed medical practitioner or the reporting of burns or other injuries occurring as a result of medical treatment following the delivery of the child when the child remains hospitalized following the delivery is not required.** Please refer to 22 M.R.S. § 4011-A for all reporting requirements: <http://legislature.maine.gov/statutes/22/title22sec4011-A.html>.

Mandated Reporter Training and additional information regarding mandated reporting can be found at:

<https://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information>

### 2. Mandated Enrollment in Maine Prescription Monitoring Program

All Allopathic Physicians, Osteopathic Physicians, Dentists, Physician Assistants, Podiatrists, and Advanced Practice Registered Nurses who are licensed to prescribe scheduled medications must register with the Prescription Monitoring Program (PMP). To register, please go to the Prescription Monitoring Program website:

<https://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm> Download, complete and sign a registration form located within the yellow box. You may mail, scan and email or fax a signed form to the information located on the form. Please note there are two types of registration forms available, 1) Data Requester form for active prescribers with a DEA number and, 2) Sub-Account form for assistants/non-prescribing health professionals.

More PMP information is available at: <https://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm>

### 3. Mandated Requirements Regarding Prescribing Opioid Medication

Any physician who intends to prescribe opioid medication must be aware of the laws and rules that govern this practice in Maine. The laws and rules affecting opioid prescribing include:

- Mandatory use of the PMP
- Limitations on dosing (with exceptions)
- Electronic prescriptions
- Opioid medication policy
- Universal precautions
- Mandatory 3 hours of CME on opioid prescribing

Please see 32 M.R.S. § 3300-F (<http://legislature.maine.gov/statutes/32/title32sec3300-F.html>) and Board Rule Chapter 21 (<https://www.maine.gov/md/laws-statutes/rules-statutes.html>); see also Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, Office of Substance Abuse and Mental health Services, Chapter 11(<http://www.maine.gov/sos/cec/rules/10/chaps10.htm#118>) .

## GENERAL INSTRUCTIONS FOR COMPLETING THE UNIFORM APPLICATION

1. **Before you complete the application, please review the Requirements for Medical Licensure.**

APPLICATION FEES ARE NOT REFUNDABLE. Incomplete applications or those received without the required fee or documents will not be processed. Applications will not be reviewed until all appropriate materials are received. Please type or print clearly in ink.

2. The following statement is made pursuant to the Privacy Act of 1974, Section 7(b): Disclosure of your social security number is mandatory for tax administration purposes pursuant to 36 M.R.S. § 175 as authorized by 42 U.S.C. § 405 (c)(2)(c)(i). Disclosure of your social security number is mandatory for purposes of enforcement of child support orders pursuant to 10 M.R.S. § 8003(4-A) and as authorized by 42 U.S.C. § 405 (c)(2)(c)(ii). Disclosure of your social security number will occur in accordance with National Practitioner Data Bank reporting requirements pursuant to 45 C.F.R. §§ 60.8, 60.9. Any other disclosure of your social security number shall be as permitted by applicable law.

3. Apply to establish a physician profile with the FCVS. Information regarding the FCVS is available online: <https://www.fsmb.org/fcvs/>. You must complete and submit an application to have your core medical credentials verified by FCVS. Any questions regarding the FCVS Application should be directed to FCVS. Please do not contact the Board regarding your FCVS Application. Documentation of your credentials is conducted exclusively by FCVS. Do not attempt to expedite the verification process by requesting information on your behalf. The Board will only accept verification of your credentials (i.e. medical education, postgraduate training, examination history, board action history, ECFMG certification and identity) directly from FCVS via the FCVS Physician Information Profile.

- To register with the FCVS refer to <http://www.fsmb.org/> and choose the Credentials Verification Service option to complete the verification process. When FCVS receives your information and documentation, a non-interpretive “Physician Information Profile” containing certified photocopies of your credentials is forwarded directly to the Board. For more information about the FCVS process, or if you need assistance completing the FCVS application, call toll-free 1-888-ASK-FCVS (1-888-275-3287). Please do not contact the Board about your FCVS application.
- The process of verifying your credentials and qualifications takes an average of 90 days. Your Board application, FCVS Profile, scored written exam and supporting documentation will be reviewed when deemed administratively complete. The Board meets every month to consider license applications containing negative information.
- **Applicants for the following licenses are exempt from this requirement:**
  - Educational Certificates
  - Current active permanent licensees applying to convert to administrative, emeritus, volunteer, or inactive status
  - Interstate Telemedicine Consultation Registration

4. Complete and submit the Uniform Application (UA) through the Federation Credential Verification Service (“FCVS”): <https://www.fsmb.org/uniform-application/>.

9. Complete ALL sections of the Uniform Application for Licensure. Respond to all components of the application as instructed.

- 1) The Board requires BOTH your HOME mailing address and phone number, and the address and phone number of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board, but that default address is your home address, unless you specify otherwise (by checking the ‘contact at’ box under ‘business address’). Unless you specify otherwise, your business address will be the address circulated by the Board in listings and publications available to the general public, including the Internet. If you currently have no business address and you do not wish for your home address to be on the Internet, you must provide an alternate address, such as a Post Office box, or a mail drop. If, subsequent to this application, your home or business contact information changes, you must immediately notify the Board. **Immediately upon beginning your practice of medicine in Maine, you must provide the Board with your Maine business address and phone number.**
- 2) **Complete Section 7, Affidavit of Applicant, in the presence of a Notary Public. The Notarial seal must cover a portion of the photograph, and the photo must fit within the box.** [TIP: The Federation Credentialing Verification Services (FCVS) application also requires a separate Affidavit that must be notarized. You may wish to have both forms notarized at the same time.]
- 3) Provide complete addresses in Section 8. Failure to do so will delay licensure.

b. Malpractice Claims:

Your insurance carrier or attorney must provide an independent detailed explanation of all malpractice claims. This information must be received directly from the insurance company or attorney. This information is in addition to your personal explanation.

Application form items Section 6 questions 19 and 20, regarding professional (malpractice) liability claims experience, are the questions most likely to generate follow-up letters from the Board staff and delay your licensure if not answered completely. Report all claims of which you have been noticed, as well as all claims from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff, or any claim for which a court found you liable in any degree. A reporting form is provided at page 20. Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute. To be complete, your supplemental explanation must include, for each such claim reported, a full description using the Professional (Malpractice) Liability Claims Experience Form (Page 20). See the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Woman’s Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Woman’s Hospital

Malpractice Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Woman’s Hospital was attending physician in this case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000.00 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd., Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare, P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

5. Complete the Maine jurisprudence examination. It is an open book examination. The examination and review materials are available online at: <http://www.maine.gov/md>.
6. Complete the State of Maine Addendum ("Addendum") to the UA.
7. Pay the applicable license fee. The application fees for a medical license vary depending upon the type of license. License application fees are available online: <https://www.maine.gov/md/licensure/md-licensure.html>. Application fees may be paid online by credit card. Application fees must be paid before an application can be processed. **All application fees are nonrefundable. If an applicant is uncertain that he/she qualifies for licensure, he/she should review the qualifications for licensure prior to applying.**
9. Application Status Updates. **In an effort to provide better and faster service for you, you can find updates regarding your license application under your name and license number online at <https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx?Board=376> .**



## INSTRUCTIONS FOR TEMPORARY LICENSE APPLICATION

Any physician who is qualified under 32 M.R.S. § 3275, and who can document current clinical competency, may be granted a temporary license for a period not to exceed one year, when the board deems it necessary to provide relief for local or national emergencies or for situations in which there are insufficient physicians to supply adequate medical services, including Locum Tenens needs. The fee for this temporary license shall be \$400 payable at the time of application.

32 M.R.S. § 3276 (<http://legislature.maine.gov/statutes/32/title32sec3276.html>) and Board Rule Chapter 1 (<https://www.maine.gov/md/laws-statutes/rules-statutes.html>).

### LETTER OF NEED

All applications for a temporary Maine medical license must be accompanied by a letter signed by a Maine hospital or health care facility which attests to a critical need in the community for the services of the applicant justifying temporary licensure. **This request must indicate the beginning and ending dates of the need for the applicant's services. Temporary licensure will normally not be considered for periods in excess of 6 months. However, the license may be extended for up to another 6-month period at no extra charge.**

### HOW TO APPLY

1. Comply with all instructions for completing the Uniform Application. **This application, together with supporting documents and application fee of \$400, must be filed with the Board of Licensure in Medicine at least thirty (30) days prior to the desired effective date of licensure.**
2. Submit a letter of need **directly from the facility.**
3. Pay a license fee of \$400. **The application fee is nonrefundable.**
4. Complete the Maine jurisprudence examination. It is an open book examination. The examination and review materials are online at: <http://www.maine.gov/md>

Application Status Updates. **In an effort to provide better and faster service for you, you can find updates regarding your license application under your name and license number online at <https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx?Board=376> .**

Maine Board of Licensure in Medicine  
137 State House Station  
Augusta, ME 04333-0137

**1.** I hereby apply for Temporary licensure (\$400) to practice medicine and/or surgery in the State of Maine and in support of this, submit the following information.

Note: Locums Company addresses will not be accepted.

NAME: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
[ ] Use this as my contact address Number and Street [ ] Use this as my contact address Number and Street

\_\_\_\_\_ City State Zip/Postal Code \_\_\_\_\_ City State Zip/Postal Code

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_  
[ ] Use this to contact me about my license

**Please list any specialties or subspecialties, and if you are currently ABMS board certified in any specialty, check the box.**

Primary Specialty: \_\_\_\_\_  Specialty2: \_\_\_\_\_

Specialty3: \_\_\_\_\_  Specialty4: \_\_\_\_\_

Will you practice in Maine within the next year?  Yes  No If yes, in what community? \_\_\_\_\_

**2. MEDICAL LICENSURE**

List all states, provinces, or countries where you have held, now hold, or have applied for a medical license.

State or Country	Cert. #	Status	Date Expires	State or Country	Cert. #	Status	Date Expires
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**3. MEDICAL SCHOOL**

A. \_\_\_\_\_  
NAME OF SCHOOL GRADUATION DATE  
\_\_\_\_\_  
CITY, STATE, COUNTRY

B. \_\_\_\_\_  
NAME OF SCHOOL GRADUATION DATE  
\_\_\_\_\_  
CITY, STATE, COUNTRY

#### **4. POSTGRADUATE TRAINING**

A. \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_ PGY (e.g., 1, 2, 3, etc.) \_\_\_\_\_  
CITY, STATE, COUNTRY \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ SUCCESSFULLY COMPLETED? \_\_\_\_\_ In Progress \_\_\_\_\_  
MONTH YEAR MONTH YEAR

B. \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_ PGY (e.g., 1, 2, 3, etc.) \_\_\_\_\_  
CITY, STATE, COUNTRY \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ SUCCESSFULLY COMPLETED? \_\_\_\_\_ In Progress \_\_\_\_\_  
MONTH YEAR MONTH YEAR

C. \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_ PGY (e.g., 1, 2, 3, etc.) \_\_\_\_\_  
CITY, STATE, COUNTRY \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ SUCCESSFULLY COMPLETED? \_\_\_\_\_ In Progress \_\_\_\_\_  
MONTH YEAR MONTH YEAR

D. \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_ PGY (e.g., 1, 2, 3, etc.) \_\_\_\_\_  
CITY, STATE, COUNTRY \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ SUCCESSFULLY COMPLETED? \_\_\_\_\_ In Progress \_\_\_\_\_  
MONTH YEAR MONTH YEAR

E. \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_ PGY (e.g., 1, 2, 3, etc.) \_\_\_\_\_  
CITY, STATE, COUNTRY \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ SUCCESSFULLY COMPLETED? \_\_\_\_\_ In Progress \_\_\_\_\_  
MONTH YEAR MONTH YEAR

#### **5. LIABILITY INSURANCE DATA**

Information you supply here is required for the Maine Rural Health Access Program {24-A M.R.S. § 6304(3)}. The information will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force. Please select 'Self Insured' if you have no professional liability insurance, or if you only pay a portion of the premium.

Please check the appropriate box to indicate the method you employ to secure professional medical malpractice liability insurance.

Self Insured     Physician Paid     Employer Paid

If you checked off "Employer Paid", please enter the name of the employer who or which paid your premiums here: \_\_\_\_\_

Insurance Company (Name/Address):

Policy #: \_\_\_\_\_

## 6. PERSONAL DATA

Check off (X) each appropriate response. Every 'YES' response must be fully explained by written statement on a separate 8.5" x 11" sheet of white paper. Each such explanation must be cross-referenced with the question number, and must be signed, dated, and enclosed with your application.

### YES NO

1. Have you EVER had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
2. Have you EVER agreed with any licensing authority to voluntarily follow practice limitations, restrictions, guidelines, to make reports or to complete specific continuing education or course work?
3. Have you EVER been notified of the existence of allegations, investigations and/or complaints involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations, investigations and/or complaints remain open as of the date of this application?
4. Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint, investigation or allegation was pending?
5. Have you EVER been denied registration, or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by, or surrendered to:
- a) The U. S. Drug Enforcement Administration (US DEA)?
- b) Any state/territory of the U. S., INCLUDING MAINE?
6. Has there EVER been a finding by any state or federal court or governmental agency that you violated any rule or law regulating the practice of health care?
7. Has there EVER been a finding against you in any inquiry, investigation, or administrative or judicial proceeding by an employer, educational institution, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure?
8. Have you EVER received a sanction or entered into any settlement agreement or integrity agreement related to Medicare, TRICARE or any state Medicaid program?

9. Health and wellness is vital for physicians/physician assistants and the patients they serve. Physicians/physician assistants who fail to seek treatment when necessary put themselves and their patients at risk. The Board strongly encourages physicians/physician assistants to take steps, including seeking treatment, when necessary to establish and maintain health and wellness. One resource available to physicians/physician assistants is the Medical Professionals Health Program (MPHP). More information about the MPHP can be found at: <http://www.mainemph.org/>.

**The purpose of the following questions is to determine the current fitness of an applicant to safely practice and concern current medical conditions that impair or may impair the ability to safely practice.** "Medical condition" includes any physiological or psychological disease, disorder, syndrome or condition. Information regarding medical conditions provided by applicants is treated confidentially by the Board. The mere fact of treatment for current medical conditions is not, by itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with the medical condition(s). The Board may deny, limit, or condition a license for applicants whose ability to safely practice or whose behavior, judgment, and understanding is currently impaired to the degree that patient safety is at risk.

- a. Do you have a medical condition that currently impairs your ability to safely and competently practice medicine?

**YES NO**

- b. Do you currently use any chemical substance(s), including alcohol, which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?

If any of your answers to questions 9(a-b) is “Yes,” please provide a detailed explanation.

10. Are you currently engaged in the illegal use of illicit drugs or prescription drugs that have not been prescribed to you pursuant to a legitimate physician-patient relationship? “Legitimate” means “Being in compliance with the law or in accordance with established and accepted standards.”

11. Have you EVER furnished or provided illegal drugs to anyone other than medical marijuana per applicable state law?

12. Have you EVER furnished prescription drugs to or written a prescription for anyone without having a legitimate physician-patient relationship (This includes conduct for which you may NOT have been adjudicated in any civil, administrative or criminal proceeding)?

13. Have you EVER:

- Possessed, used, prescribed for use, or distributed any drugs in any way other than for legitimate or therapeutic purposes?

- Diverted any drugs?

- Violated any drug law?

- Prescribed any controlled substances, or prescribed any medications except in an emergency or isolated setting, for yourself or family/household members?

14. Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses such as Operating Under the Influence, but not minor traffic or parking violations.

15. Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?

16. Have you EVER had your staff privileges or employment at any hospital, long term care facility, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?

17. Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?

18. Have you EVER resigned from employment in lieu of termination or while under investigation?

19. Have you EVER been terminated or suspended from any employment?

20. Have you EVER been deselected from a managed care organization physician panel?

**YES NO**

- 21. Have you EVER been disciplined by a professional society or resigned while an accusation was pending?
- 22. Have you EVER endangered the safety of others, breached fiduciary obligations, or violated workplace conduct rules?
- 23. Have you EVER been named in any medical malpractice liability claim or lawsuit adjudicated by a court in favor of the other party, or settled by you or your insurance company/representatives with or without your express consent?
- 24. Do you have any open/pending malpractice claims?
- 25. Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?
- 26. Has it been longer than 24 months since you last practiced clinical medicine?

27. The Board is concerned with physician/physician assistant health and wellness. An important piece of maintaining health and wellness is establishing a relationship with a primary health care provider who provides regular and ongoing care. The Board is conducting a voluntary survey to determine the percentage of licensees who receive ongoing and regular care from a primary care provider, and whether further education needs to be provided to licensees regarding this important issue. Please answer the following question.

- Have you been examined/evaluated by your primary health care provider within the past 24 months?
- Decline to answer

**7. AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person described and identified in this application. I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of law that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine.

I certify that I have read and understand all the requirements for Maine Licensure and further certify that I meet those requirements. I will immediately notify the Board in writing of any changes to the answers to any questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, and foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of any professional and ethical qualifications for licensure in the state of Maine. I hereby release any and all entities from responsibility regarding the information they release to the Board of Licensure in Medicine.

I hereby authorize the Board of Licensure in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

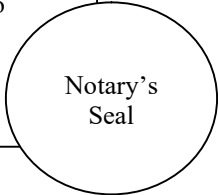
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

Notary Commission Expires:  
\_\_\_\_\_

Attach Current Passport-  
Type Photo  
Here  
  
(Photo must be no  
larger than this  
square.)



**1) APPLICANTS MUST SIGN THEIR FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC.  
2) NOTARY PUBLIC MUST COMPLETE THE AFFIDAVIT AND AFFIX A NOTARIAL SEAL OVERLAPPING A PORTION OF THE PHOTOGRAPH BUT NOT COVERING ABOVE THE NECK.**



# Maine Board of Licensure in Medicine

## Professional (Malpractice) Liability Claims Experience

Duplicate for Multiple Claims.

My Name:

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Identity of Case:

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Date and Place of Original Occurrence:

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Malpractice Alleged by Claimant:

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Summary of My Defense:

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Current Status of Case (Include payment amounts):

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Name and Address of Insurance Company and/or Attorney Defending the Case:

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