

**CAMP
PHYSICIANS
ONLY**

Fee: _____

**STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE**
137 State House Station
Augusta, Maine 04333-0137
(207) 287-3602

**APPLICATION FOR LICENSE TO
PRACTICE MEDICINE AND SURGERY**

At Camp _____
Address: _____
_____, ME. _____
Camp Telephone (____) _____

Date From: _____
Date To: _____

Name _____
Last First Middle Social Security Number

Address _____

Birthplace _____
City State

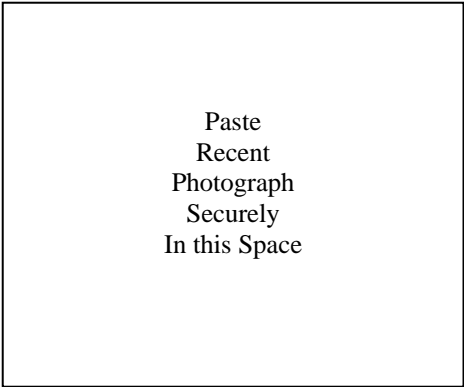
Daytime Telephone (____) _____
Email Address _____
Birthdate _____
Month Day Year

Current Hospital Affiliation _____
Name Complete Address

Current State License _____
State License Number Status Expiration

I hereby certify that the attached is a true photograph
Of _____
_____, 20____

Notary Public



Notary Seal must partially cover photo, but not above the neck.

MEDICAL LICENSURE

List licenses held

State	Certificate Year No.	Permanent or Temporary	Name of Exam Taken	Currently In Force

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 been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- 3 Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- 4 Have you EVER been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
- a) U. S. Drug Enforcement Administration (DEA)?
- b) Any state/territory of U. S. INCLUDING MAINE?
- 5 Have you EVER received a sanction from Medicare or from any state Medicaid program?
- 6 Have you EVER suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician, or that resulted in the inability to practice medicine for more than 30 days?
- 7 Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- 8 Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?
- 9 Have you EVER had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- 10 Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- 11 Have you EVER been deselected from a managed care organization physician panel?
- 12 Have you EVER been disciplined by a professional society or resigned while accusation was pending?
- 13 Have you EVER had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- 14 Do you have any open malpractice claims?
- 15 Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital

Board of Licensure in Medicine Camp License

APPLICATION INSTRUCTIONS

A temporary Camp License entitles the holder to care only for patients at the particular camp at which he/she is employed.

Before you complete this application, please review the following requirements for temporary license as camp physician in the state of Maine.

1. Please type or print clearly in ink.
2. Answer all questions.
3. Provide complete addresses of institutions in Section 5.
4. All Applicants must provide notarized photocopies of:
 - a) Medical school diploma
 - b) Certificate(s) of post-graduate training;
 - c) Current year's medical license in another state/province;
 - d) One of the following examination score transcripts –United States Medical Licensing Examination (USMLE); Federation Licensing Examination (FLEX); National Board of Medical Examiners (NBME); Licentiate of the Medical Council of Canada; or British Isle Credentialing (i.e. General Medical council of United Kingdom, Republic of Ireland, or Scotland).
 - e) **Foreign Medical Graduates only**; letter showing the results of VQE or FMGEMS and Standard ECFMG Certificate.

All documents must be notarized with this statement:

“I certify that I have seen the original and this is a true copy of same.”

5. This application, together with all supporting documents and the fee of \$100.00, must be filed with the Board of Licensure in Medicine **at least thirty days prior to the desired effective date of licensure**. THE FEE OF \$100 IS NON-RETURNABLE.
6. All applicants must meet the requirements for medical licensure outlined in 32 MSRA section 3271 (<http://www.mainelegislature.org/legis/statutes/32/title32sec3271.html>) .
7. **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 5.13 & 5.14, 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 11. 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 attached (Page 12). 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.

Physician Prescribing Information "Opt Out"

The 2007 Legislature established a state-sponsored "opt out" process for physicians, physician assistants and nurse practitioners to prevent access to practitioner specific prescribing data, through the Maine Health Data Organization. (P.L. 2007, Chapter 460) Prescribers seeking confidentiality protection with the Maine Health Data Organization to prohibit carriers, pharmacies, and prescription drug information intermediaries from licensing, using, selling, or exchanging for value prescription drug information for any marketing purpose that identifies those prescribers are required to complete an electronic form. [The law has passed but a federal court injunction barring implementation has been issued, therefore we have removed the link to the registration site until further action by the courts.]

Maine Board of Licensure in Medicine

Professional (Malpractice) Liability Claims Experience

Duplicate For Multiple Claims.

See Instructions on Pages 4,5.

My Name:

Identity of Case:

Date and Place of Original Occurrence:

Malpractice Alleged By Claimant: Summary of My Defense:

Current Status of Case (Include payment amounts:)

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