

**RETURNING
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
Birthdate _____
Month Day Year

Daytime Telephone (____) _____ Email Address _____

Current Hospital Affiliation _____
Name Complete Address

Current State License _____
State License Number Status Expiration

AFFIDAVIT

I, _____, being duly sworn, depose and say that I am the person described and identified and that all statements made by me herein are true and correct.

Signature of Applicant Date

Subscribed and sworn to me this _____ day of _____, 20_____

Notary Public for _____
Signature of Notary

My commission expires: _____

PERSONAL DATA

Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8½" x 11" sheet of white paper. Each such explanation must be referenced by question number, signed, dated, and enclosed with your application. Since your last application:

- YES NO 1 Have you 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?
- YES NO 2 Have you 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?
- YES NO 3 Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- YES NO 4 Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
- YES NO a) U. S. Drug Enforcement Administration (DEA)?
- YES NO b) Any state/territory of U. S. INCLUDING MAINE?
- YES NO 5 Have you received a sanction from Medicare or from any state Medicaid program?
- YES NO 6 Have you 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?
- YES NO 7 Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES NO 8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- YES NO 9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES NO 10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES NO 11 Have you been deselected from a managed care organization physician panel?
- YES NO 12 Have you been disciplined by a professional society or resigned while accusation was pending?
- YES NO 13 Have you 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?
- YES NO 14 Do you have any open malpractice claims?
- YES NO 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 completely and clearly.
3. Provide complete address of current hospital affiliation.
4. All Applicants must provide a notarized photocopy of a current, active, unrestricted medical license from another state/province.

Copy of current license 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. 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 link to that "opt out" form is:

<http://mhdo.maine.gov/imhdo/prescriberoptoutintro.aspx>

