

**REINSTATEMENT
APPLICATION**

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

1 I hereby apply for reinstatement of my license to practice medicine and surgery in the State of Maine and in support of this, submit the following information.

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 : _____

Place of Birth: _____ Date Of Birth: ____/____/____
Month Day Year

Social Security Number: ____-____-____ Email Address: _____

Specialty: _____

Medical School: _____ NAME _____ GRADUATION DATE _____

CITY, STATE, COUNTRY

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

2 **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 perjury 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 hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and recent), 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.

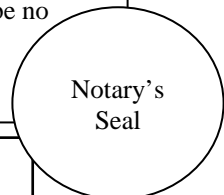
Signature of Applicant

Date

Signature of Notary

Notary Commission Expires: _____

Attach Recent Photo Here
(Picture 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.

3 Registration Type

- I am applying for reinstatement of my Maine license with an Active status.
- I am applying for reinstatement of my Maine license with an Inactive status.

To apply for reinstatement of your Maine license with an active status requires that section 8 be completed and submitted regarding CME credit for the last 24 months; that the clinical experience requirements on page 6 be met, and that an open-book exam be passed with a score of at least 75. The exam review materials are available at http://www.docboard.org/me/licensure/Exam_Review.pdf and the exam is at <http://www.docboard.org/me/exam/>

4 Current Liability Insurance Information

Insurance Company (Name, Address)

Policy # _____

- Check here if premiums for your professional liability are paid by a Hospital or other employer.
 Hospital/Employer: _____

5 MEDICAL LICENSURE

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

State	Certificate #	Date Issued	State	Certificate #	Date Issued
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6 PROFESSIONAL EXPERIENCE/ HOSPITAL AFFILIATIONS/WORK HISTORY

For the period of time 2 years prior to the lapsing or withdrawal of your Maine Medical license until the date of this application, list in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges. Be certain to report COMPLETE ADDRESSES. Failure to do so will delay the application process. You may photocopy this page, if necessary.

From MO/ Yr	To Mo/Yr	Name of Hospital/Institution or Practice	Complete Address (Street, City, State/Province, Zip Code)	Certificate, Degree, or Nature of Experience	Office Use Only	
					S	R

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.

HAVE YOU EVER:

YES NO

- 14.1 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, or probation with or without monitoring?
- 14.2 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?

SINCE YOUR LAST RENEWAL APPLICATION:

YES NO

- 14.3 Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- 14.4 Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by -
 - a) U. S. Drug Enforcement Administration (DEA)?
 - b) Any state/territory of U. S. INCLUDING MAINE?
- 14.5 Have you received a sanction from Medicare or from any state Medicaid program?

14.6 The purpose of the following questions is to determine the current fitness of the applicant to practice medicine. The following inquiries concern medical, mental health, and addiction issues. This information is treated confidentially by the Board.

The mere fact of treatment for medical, mental health or addiction(s) is not, in itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with these issues. The Board encourages applicants who may benefit from such treatment to seek it.

The Board may deny a license to applicants whose ability to function in the practice of medicine or whose behavior, judgment, and understanding is impaired by a medical, mental health or addictive condition.

- a. Have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a physician?
- b. Have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?
- c. Are you now, or have you been dependent upon alcohol or habituating drugs or undergone treatment for such?

N/A

- d. If any of your answers to questions 6(a-c) is "Yes," are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program?
- e. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?
- f. Are you currently engaged in the illegal use of drugs or misuse of any drugs?
- g. Have you been diagnosed with or treated for any type of sexual behavior disorder?
- 14.7 Have you 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 but not minor traffic or parking violations.
- 14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- 14.9 Have you had your staff privileges or employment at any hospital, nursing home, 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?
- 14.10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- 14.11 Have you been deselected from a managed care organization physician panel?
- 14.12 Have you been disciplined by a professional society or resigned while an accusation was pending?
- 14.13 Have you been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, 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?

14.14 Do you have any open malpractice claims?

14.15 Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the previous 24 months.

Category I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. § 13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] At least forty (40) CME credits must be in Category I.

Accredited Sponsor	Location of Activity	Description of Activity	Dates Attended	Credits Earned

(If you need additional space, please attach a separate sheet of paper)

Total Category I Credits _____

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious learning Experiences. [Refer to 32 M.R.S.A. § 13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Category II Credits are required.

NOTE: Category I may be substituted for Category II.

Type of Activity	Location, City/State	Description of Learning Activity	Dates of Activity	Credits

Total Category II Credits _____

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Date: _____ Physician Signature: _____

To be valid, this form must be signed and dated, with the hours totaled in each section

REINSTATEMENT APPLICATION INSTRUCTIONS

CLINICAL EXPERIENCE OR COMPETENCY DEMONSTRATION:

The Board may not reinstate in active status the license of any physician who 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 from time to time prescribe for this purpose through rulemaking. Also, please see the CME instructions in the next paragraph.

LAPSED LICENSES:

In order for the Board to consider reinstating your Maine license, you need to send us a statement explaining why you allowed your license to lapse. Also you need to complete and return the enclosed forms: **Application For Reinstatement of License to Practice Medicine** and **Continuing Medical Education Reporting Log** should you request an active Maine license. Enclosed is a **Board Bulletin** with instruction on how to submit CME. CME submitted in another state may also be used in Maine. You cannot practice medicine in Maine without an active license. If you do not intend to practice in Maine, you do not need to submit CME, and your license will be considered inactive. The cost is the same for either active or inactive status.

You need to mail the enclosed **Verification of License** form (reproduce as necessary) directly to the board of each state you have ever been licensed to practice whether in force or not.

The initial lapsed reinstatement fee (payable in U.S. funds only) is: (1) \$400 for Renewal Fee at Time of Lapse, (2) \$100 for Late Fee, and (3) \$100 Reinstatement Fee = **Total \$600**. After Board approval, you will be notified of a **Prorated Licensure Fee** (varies) from date of licensure to your next biennium birthdate. This fee is required before a license may be issued.

WITHDRAWN LICENSES:

In order for the Board to consider reinstating your Maine license, you need to complete the enclosed forms: **Application for Reinstatement Of License to Practice Medicine** and **Continuing Medical Education Reporting Log** should you require an active license. If you do not intend to practice in Maine, you do not need to submit CME, and your license will be considered inactive. The cost is the same for either active or inactive status.

You need to mail the enclosed **Verification of License** form (reproduce as necessary) directly to the Board of each state you have ever been licensed to practice whether now in force or not.

The initial withdrawn reinstatement fee is \$50 (payable in U.S. funds only). After Board approval, you will be notified of a prorated licensure fee (varies) from date of licensure to your next biennium birthdate. The fee is required before a license may be issued.

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.]

