

Dear Physician Assistant:

To reinstate your Physician Assistant license in Maine, please submit the following:

1. A completed application form [PA Initial License Application.pdf](#) with recent photo. Please note that the Notary's seal must partially cover your photo. It is not necessary to include a copy of your diploma or NCCPA certificate with your application.
2. A letter stating why your Maine license lapsed.
3. A \$400 non-refundable reinstatement fee.
4. A current curriculum vitae containing an employment history with complete addresses.
5. A reference letter from each employer you have had since your Maine license lapsed. A form is enclosed for your convenience. The references should be sent directly to the Maine Board.
6. Verification of all Physician Assistant licenses you currently hold or previously held. A form is enclosed for your convenience in requesting verifications. Most State Boards charge a fee for license verification, so you may wish to contact each Board before sending your request. The verifications should be sent directly to the Maine Board.
7. Evidence that you have earned at least 100 CME credits in the past 24 months. A CME log is attached.
8. A completed Form C registration, once you have an employer in Maine. A \$50 fee is due when you file the Form C <http://www.docboard.org/me/licensure/paaprnformc.pdf> to register the supervisory relationship with your Primary Supervising Physician.

Please note that you cannot actively practice in Maine until you are registered with a Primary Supervising Physician and have received approval from the Board.

Once all the requested material is received, your application will be presented to the Board Secretary for approval. Please feel free to contact me at (207) 287-3604 for any questions you may have concerning the above.

Barbara A. Eckhardt, Specialist
MD Renewal/PA Licensure/APRN Registration

/bae
Revised 1/17/06

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), the Committee on CME of the Maine Medical Association, or the Board. [Refer to Chapter 2, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://ftp.maine.gov/pub/sos/cec/rcn/apa/02/373/373c002.doc>]. Forty (40) CME credits must be in Category 1. Category I CME's earned outside the U.S. or Canada must be approved by the Board.

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

(If you need additional space, please attach 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 Chapter 2, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://ftp.maine.gov/pub/sos/cec/rcn/apa/02/373/373c002.doc>]. 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 Assistant Signature: _____

To Be Valid, This Form Must Be Signed and Dated, with the Hours Totaled for Each Category.

BOARD OF LICENSURE IN MEDICINE

137 State House Station
August, ME 04333-0137
Tel: (207) 287-3601
Fax: (207) 287-6580

Employment Verification Form

APPLICANT: Please list your name below and forward this form to your previous employers. Duplicate this form as necessary.

Applicant's Name

Name of Institution/Practice

To Whom It May Concern:

The individual listed above has made application to be licensed as a Physician Assistant with the Board of Licensure in Medicine. We would appreciate your completing the form below, including your evaluation of the applicant's competence, ethics, and moral character. Please return this form directly to the Board at the address above.

1. In what capacity was the Physician Assistant affiliated with your institution?

2. Dates of Affiliation?

From: _____ To: _____

3. Please assess the professional ability and performance of this applicant.

Date: _____

Signature: _____

Print Name: _____

Title: _____

Revised 3/5/04

BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137
Tel: (207) 287-3601
Fax: (207) 287-6590

VERIFICATION OF LICENSE - STATE/PROVINCE OF: _____

APPLICANT: Complete top section of form and mail to the Board of each state in which you hold or have held a license. Please duplicate this form as necessary.

I am applying for medical licensure in the State of Maine as a Physician Assistant. The Board of Licensure in Medicine requires that your Board complete this form in order that I may be considered for licensure.

This is my authorization to release any information in your files, favorable or otherwise, to the State of Maine Board of Licensure in Medicine.

Print or type full name: _____ Signature: _____

Address License number Date Issued

City State Zip

THE SECTION BELOW IS TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

RETURN TO: Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137

This is to certify that the records of the Board of Medical Examiners in the State of _____ indicate that _____ was issued a license, number _____, dated _____, which will expire _____, to practice medicine on the basis of: _____.

Licensure is current and in good standing? Yes No

Has the holder of this license ever been summoned to appear before your Board? Yes No

Has the holder of this license ever been placed on probation? Yes No

Has the holder of this license ever been suspended or revoked? Yes No

Derogatory information: _____

Date: _____

Signed: _____

SEAL

Title: _____

Revised 5/96