

**TEMPORARY  
PHYSICIAN  
APPLICATION**

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

Application Fee: \_\_\_\_\_

APPLICATION FOR:  
**TEMPORARY LICENSE** Pursuant to 32 M.R.S. § 3276

Locum Tenens Company Affiliation \_\_\_\_\_ Application Date: \_\_\_\_\_

**1. PERSONAL INFORMATION**

I hereby apply for licensure to practice surgery and medicine for the period of time from \_\_\_\_\_ to \_\_\_\_\_  
in the city/ town of \_\_\_\_\_, Maine.

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

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
 Use this as my contact address  Use this as my contact address

City State Zip/Postal Code City State Zip/Postal Code

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

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

**2. AFFIDAVIT OF APPLICANT**

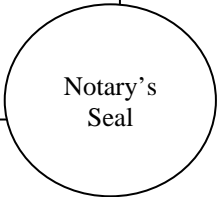
I, \_\_\_\_\_, being duly sworn, depose and say that I am the person described and identified in this application. I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all 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 certify that I have met the requirements for Maine licensure as stated on page 7 of this application.** 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 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 judgment of the Board, has a legitimate interest in such information.

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

\_\_\_\_\_  
Date

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

Attach Current Passport-  
Type 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**

**3. MEDICAL LICENSURE**

State	Certificate Year Number	Permanent or Temporary	Examination Taken(i.e. FLEX, NBME, USMLE, etc.)	Current License Status

**4. MEDICAL EDUCATION**

Medical School Attended: \_\_\_\_\_  
NAME

\_\_\_\_\_  
CITY, STATE, COUNTRY

Date of Graduation: \_\_\_\_\_  
Month Day Year

Specialty: \_\_\_\_\_

Name of American Specialty Board \_\_\_\_\_

Are you certified by the American Board of Medical Specialties (ABMS)? \_\_\_\_\_

**RESIDENCY TRAINING**

Please list all three years of Residency training

Yr	From Mo/Yr	To Mo/Yr	Name of School or Program Affiliation	Complete Address (Street, City, State, Zip Code)
1				_____
2				_____
3				_____



## 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 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, or surrendered to
- a) The U. S. Drug Enforcement Administration (US DEA)?
- b) Any state/territory of the U. S., INCLUDING MAINE?
5. Have you EVER received a sanction from Medicare or from any state Medicaid program?
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. Since becoming a medical student, 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. Within the last five (5) years 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 during the past five (5) years been dependent upon alcohol or habituating drugs or undergone treatment for such?
- 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. Within the last five (5) years have you ever 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 ever been diagnosed with or treated for any type of sexual behavior disorder?
7. 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 but not minor traffic or parking violations.
8. Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?

**YES NO**

- 9. Have you EVER 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?
- 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 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. 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?

# INSTRUCTIONS FOR TEMPORARY LICENSE APPLICATION

## TEMPORARY LICENSURE REGULATION

32 MRSA, § 3276. Temporary License.

Any physician who is qualified under section 3275 and who can document active clinical practice in another state for at least 3 months in the 12 months preceding application, 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 \$300 payable at the time of application to 'Maine Board Of Licensure In Medicine'.

### STATEMENT OF NEED

All applications for a temporary Maine medical practice license must be accompanied by a letter signed by a Maine hospital administrative or medical staff officer or an elected town official 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.

NOTE: IF APPLICANT PLANS TO WORK IN MAINE BEYOND A 1-YEAR PERIOD IT IS ADVISED THAT THE APPLICANT APPLY FOR PERMANENT LICENSURE.

### HOW TO APPLY

Before you complete this application, please review the requirements for medical licensure in Maine listed on page 6.

This application, together with supporting documents and application processing fee, must be filed with the Board of Licensure in Medicine at least thirty (30) days prior to the desired effective date of licensure. **THE APPLICATION PROCESSING FEE IS NOT REFUNDABLE.**

- Please type or print clearly in ink.
- Answer **ALL** questions.
- All supporting documents must be notarized.
- Provide **COMPLETE** addresses of institutions in Section 5 (page 3).
- The dates and place of locum tenens/temporary practice must be specified in the application heading.

### SUPPORTING DOCUMENTS

All applicants must provide notarized copies of **ALL** of the applicable following supporting credentials:

- 1 Medical School Diploma.
- 2 Certificate(s) of postgraduate training.
- 3 Current year's full, current, active unconditioned medical registration or license in another state.
- 4 Notarized copy of evidence of comprehensive licensing examination passed and accepted in state of original medical practice licensure (i.e. copy of NBME or LMCC certificate, **FLEX/USMLE TRANSCRIPT OF SCORES (Not Score Report)**, or certificate of written examination results from state of initial licensure showing date and place of exam and score achieved).  
Request a Transcript of USMLE Scores at [www.usmle.org/Scores\\_Transcripts/transcripts.html](http://www.usmle.org/Scores_Transcripts/transcripts.html)
- 5 Foreign Medical Graduates only: ECFMG certificate, or a letter showing the results of VQE or FMGEMS or successful completion of the Fifth Pathway program.

### REQUIRED NOTARIAL ACT ON COPIES OF CREDENTIALS SUPPORTING AN APPLICATION FOR TEMPORARY LICENSURE:

All documents must be notarized with this statement:

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

**TO BE CONSIDERED FOR LICENSURE TO PRACTICE MEDICINE IN THE STATE OF MAINE, AN APPLICANT MUST SATISFY EACH OF THE FOLLOWING REQUIREMENTS:**

**A. U.S.A. OR CANADIAN MEDICAL GRADUATES**

1. Graduate from an accredited U.S. or Canadian medical school.
2. Postgraduate training (You must satisfy at least one of these categories):
  - a) If you graduated on or after January 1, 1970 but before July 1, 2004 you must have satisfactorily completed at least 24 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education (ACGME), the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. If you graduated after July 1, 2004 you must have satisfactorily completed 36 months of approved postgraduate training.
  - b) If you graduated before January 1, 1970 you must have satisfactorily completed at least 12 months in a graduate educational program accredited by the ACGME, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada.
  - c) Has satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the ACGME and is eligible for accreditation by the American Board Of Medical Specialties (ABMS) in both specialties.
  - d) Is board certified by the ABMS.
3. Attain a passing score on one of the following examination sets:
  - a) Each individual test of United States Medical Licensing Examination (USMLE), Federation Licensing Examination (FLEX), or National Board of Medical Examiners (NBME), separately or in an approved combination. There is a limit of three attempts for Step 3 and all exams must be completed within 7 years.
  - b) State Board examination deemed equivalent by the Board to (a) above.\*
  - c) Licentiate of the Medical Council of Canada (LMCC).\*
  - d) British Isles Credentialing - General Medical Council of United Kingdom, or Republic of Ireland, or Scotland.\*
4. Undergo a background check to verify professional competence, ethics and character.
5. Complete and submit all applicable forms, fees, and documentation as required.

**B. INTERNATIONAL MEDICAL GRADUATES**

1. Graduated from a school listed in the latest edition of the Educational Commission for Foreign Medical Graduates' IMED list of medical schools.
2. Postgraduate training: Satisfactorily completed at least 36 months in an internship/residency/fellowship program(s), which is accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, or the Royal Colleges of Physicians of England, Ireland, or Scotland, or has satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the ACGME and is eligible for accreditation by the American Board Of Medical Specialties (ABMS) in both specialties, or is board certified by the ABMS.
3. Provide acceptable evidence of one of the following:
  - a) Educational Commission for Foreign Medical Graduates (ECFMG) examination certification.
  - b) Certification of Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS).
  - c) VISA Qualifying Examination (VQE) examination certification.
  - d) Successful completion of Fifth Pathway program documentation.
  - e) Only for applicants licensed by the General Medical Council of the United Kingdom or Republic of Ireland, - certification by a specialty board of the American Board of Medical Specialties.
4. Attain a passing score on one of the following examination sets:
  - a) Each individual test of the United States Medical Licensing Examination (USMLE), the Federation Licensing Examination (FLEX), or the National Board of Medical Examiners (NBME), separately or in an approved combination. There is a limit of three attempts for Step 3 and all exams must be completed within 7 years.
  - b) State Board examination deemed equivalent by the Board to (a) above.\*
  - c) Licentiate of the Medical Council of Canada (LMCC).\*
  - d) British Isles Credentialing - General Medical Council of the United Kingdom, or the Republic of Ireland.\*
5. Undergo a background check to verify professional competence, ethics and character.
6. Complete and submit all applicable forms, fees, and documentation as required.

\* SUBJECT TO BOARD APPROVAL

# 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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