

**M.D. License
Renewal
Fee: \$400.**

Maine Board of Licensure in Medicine

137 State House Station
Augusta, ME 04333-0137
(207)287-3601
Fax: (207)287-6590

Fee: _____
Exempt: ____
Late: _____

Application for Maine Medical License Renewal

Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". A renewal fee is not required if you are age 70 or older, or if you are withdrawing from license registration.

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee, or report CME qualification if applying for ACTIVE status, will render your application incomplete.

Name: _____ License No: _____ Social Security No: _____
Address: _____ Daytime Phone No: () - _____ Date of Birth: / /

Email address: _____

Type of Licensure Status for Which You Are Applying:

- 1. I am applying for renewal of my license in ACTIVE status, based on evidence of CME qualification filed with this application.
- 2. I am applying for renewal of my license in INACTIVE status. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the Board, I will not practice medicine in Maine or provide professional services in Maine, including the writing of prescriptions for myself, family, friends, or anyone. I must still pay the renewal fee.
- 3. I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by the due date, omitting payment of renewal application fee.)

Personal Data Update:

The Board requires BOTH your HOME mailing address and phone number, and the address and phone number of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board, but that default address is the home address, unless you specify otherwise (by checking the 'contact at' box next to 'business address'). Unless you specify otherwise, your business address will be the address circulated by the Board in listings and publications available to the general public, including the Internet. If you currently have no business address and you do not wish for your home address to be on the Internet, you must provide an alternate address, such as a Post Office box, or a mail drop.

5. I Prefer Board contact me at home.

Home mailing address

If your home address is incorrect, please correct here:

Telephone: _____

6. I Prefer Board contact me at my business.

Business mailing address

If your business address is incorrect, please correct here:

Telephone: _____

PRACTICE DATA: If your practice data is incorrect, please correct in the space provided.

7. At present I practice medicine (check all that apply):
- Full Time Hospital-based Practice Solo Do not see patients (i.e. Administrative, Research, Teaching, etc.)
- Part Time In Partnership or Group Retired

List Specialties and/or subspecialties and check the box if ABMS certified in any specialty.

8. Primary Specialty: _____ 10. Specialty 3: _____
9. Specialty 2: _____ 11. Specialty 4: _____

LIABILITY INSURANCE DATA:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to 24-A MRSA, Ch. 75, § 6304, (3).

12. Please check the appropriate box to indicate the method you employ to secure professional medical malpractice liability insurance. If you have no coverage check 'Self Insured': Self Insured (See Instructions, Page 4) Physician Paid Employer Paid
Insurance Company (Name/Address): _____

If you checked off "Employer Paid", please enter the name of the employer who or which paid your premiums here: _____

Policy #: _____

BACKGROUND DATA:

(All Applicants must complete)

13. Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum Tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to pre-printed information below)

State	Certificate #	Expiration Date	Present Status	State	Certificate #	Expiration Date	Present Status

I have never held a permanent medical practice license except in Maine.

14. PROFESSIONAL HISTORY:

Check (X) each appropriate response. Every 'YES' response must be fully explained by a written statement on a separate 8.5"x 11" sheet of white paper. Each explanation must be referenced by question number, and must be signed, dated, and enclosed with your application.

NOTE TO MD/APPLICANT: PLEASE COMPLETE THIS FORM YOURSELF – DO NOT DELEGATE ITS COMPLETION.

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.

SINCE YOUR LAST RENEWAL APPLICATION:

YES NO

- 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?

SINCE YOUR LAST RENEWAL APPLICATION:

YES NO

- 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?

AFFIDAVIT OF APPLICANT:

(All applicants must personally sign and date, whether applying for active or inactive renewal of license, or requesting withdrawal of licensure status.)

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 acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or residence.

Date

_____, MD
Signature

_____, MD
Typed or Printed Name

For Office Use Only:

Staff Rev Date: _____ Recommendation: _____

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

The Board will allow up to 6 months to secure category I credits. You must request the extension in writing with your renewal application.

100 credit hours are required to renew your license in active status, at least 40 of which must be Category I

The Board will routinely and regularly audit CME credits claimed. Failure to provide proof of CME credits claimed upon request by the Board may be grounds for discipline.

Therefore, it is vitally important that you retain documentation of all CME claimed.

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 Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Forty (40) CME credits must be in Category I. Category I CME’s earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Total Category I Credits Earned_____

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 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Sixty (60) CME credits are required.

NOTE: Category I may be substituted for Category II.

Total Category II Credits Earned_____

Please note that 32MRS-A, §3282-A,2,(A) states that ground for discipline includes the practice of fraud or deceit in obtaining a license.

AFFIDAVIT: I CERTIFY THAT THIS IS A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Date: _____ Physician Signature: _____

Typed or Printed Name: _____, MD

Instructions for completing The Application for Maine Medical License Renewal form:

The following definitions are intended to help you complete the Maine Board of Licensure in Medicine Renewal Application form.

Type of Licensure Status for Which You are Applying (select only one):

- 1. Renewal of status as ACTIVE:** You intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for ACTIVE status, you must report CME activities satisfactory to the Board showing a minimum of 40 Category I and 60 Category II CME credits earned during the previous licensing period.

To apply to **change license status from INACTIVE to ACTIVE** complete a new renewal application requesting ACTIVE status, provide CME evidence, and provide verification of practice in another state for at least 3 months of the year preceding the request for conversion. If the applicant has not been in active practice, the Board will require a competency update, which could include successfully passing the Special Purpose Examination (SPEX) or other programs, fellowships or mini-residencies as approved by the Board.

- 2. Renewal of status as INACTIVE:** Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in INACTIVE status precludes any medical practice within Maine, including writing prescriptions for friends, family, self, or anyone. Physicians who check box 2 and sign the application affidavit have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received an ACTIVE license (See item 1, above).
- 3. Request to Withdraw:** Physicians who wish to discontinue Maine licensure may use this License Renewal Application to request approval from the Board to do so. Payment application fee is not required with an application to withdraw from license registration. However, the application form must be completed and accepted by the Board before withdrawal is effected. Note that a Maine license once withdrawn may not be reinstated after five (5) years. Also, the licenses of some other states may become void if granted in reciprocity with a Maine license which is subsequently withdrawn from registration.

Liability Insurance data:

This section must be completed if applying for registration in ACTIVE classification. Information you supply here is required for the Maine Rural Health Access Program {24-A MRSA, Ch. 75, §6304, (3)}. The information will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force. Please select 'Self Insurance' if you have no professional liability insurance, or if you only pay a portion of the premium.

Background Data:

Item **13** asks you to list any permanent medical practice license granted you by any state or Canadian province, whether or not it is still in force. Please do not list training permits or temporary or locum tenens licenses which you have been issued. If you were ever denied a license, see item **14.1**.

Items **14.1 and 14.2** refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items **14.3 through 14.15** ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualifications for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in previous renewal periods which was closed by a settlement during your last renewal should be disclosed. If this is your first renewal, please disclose all data.

For any "YES" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it had been or is being resolved. For example: Item **14.6** asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of your treating physician who can confirm current fitness to continue practice. The Board will inform you if clinical records or reports are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit your response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207)623-9266.

Item **14.13**, regarding professional liability claims experience, is the question most likely to generate follow-up letters from the Board staff and delay in your license renewal if not answered completely. Please report all claims of which you have been noticed since your last renewal. As well, report all claims since your last renewal 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. Claims against a professional corporation are considered a claim against the individual 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 Claim Experience Form attached. See the following fictitious example:

My Name: John B. Doe, MD

Identity of Case: Burns v. John B. Doe, MD, Samuel W. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women'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 Women's Hospital was attending physician in the case. I was named in the claim because my name appeared in the chart as the physician ordering ultrasound on first hospital day.

Current Status of the Case: Although a motion to dismiss me as a defendant is still pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told that 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.

Please Note:

X-Ray Machine Registration Requirements

All electronic x-ray producing devices and the facility where they are located require registration with the State of Maine Radiation Control Program's X-Ray Section. Inspection and user requirements vary depending upon instrument type. For further information, visit the links below:

Here is the link to the registration requirements for a "Clinic or Private Medical Facility":

<http://www.maine.gov/dhhs/eng/rad/Xray/reqp1.htm>

Here is the link to The Maine Radiation Control Program - X-ray section's home page with much more information including x-ray registration forms and other links to the Program Information and Requirements:

http://www.maine.gov/dhhs/eng/rad/Xray/hp_xray.htm

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.]

Online Exam – Effective in 2011

The Board has directed that all renewing licensees take and pass an open book exam on the Board's licensing rules and policy statements. The exam can be taken online at <http://www.docboard.org/me/exam>. The exam must be taken every four years. The exam review materials can be read at http://www.docboard.org/me/licensure/Exam_Review.pdf

The Board's staff is available to assist you by phone at (207)287-3782, Monday through Friday, 8:00 am to 4:30 pm, Eastern Daylight time.

Maine Board of Licensure in Medicine
Professional (Malpractice) Liability Claims Experience

Duplicate For Multiple Claims.

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 amount): _____

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