

**M.D. Volunteer
Conversion
Application
Fee: \$75.**

Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137
(207)287-3601
Fax: (207)287-6590

Fee: _____
Exempt: ____
Exp: _____
Lpd: _____

Application for Maine Medical License Conversion to Volunteer Status

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

Note: Any missing entry will render this application incomplete. Also failure to enclose the appropriate conversion fee, or report CME qualification will render your application incomplete.

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Social Security Number ____-____-____

Address: _____ City: _____ State: _____ Zip: _____
Country: _____

Daytime Phone No: _____ License No: _____
Email address: _____

Type of Licensure Status for Which You Are Applying:

1. I am applying for conversion of my license to Volunteer status, based on evidence of CME qualification filed with this application.

Personal Data Update:

- A. If the spelling of your name, social security number, or date of birth preprinted above is not correct, please circle the error and legibly print the correct information.
- B. 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 selecting "P" for 'practice address'). Unless you specify otherwise, your practice 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 practice 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, or at Practice. (H/P) _____

My Home mailing address and phone are:

Address: _____
City: _____
State: _____ Zip: _____
Country: _____
Daytime Phone No: _____

My Practice mailing address and phone are:

Address: _____
City: _____
State: _____ Zip: _____
Country: _____
Daytime Phone No: _____

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

Check box if ABMS certified in each specialty.

8. Primary Specialty: _____ 10. Sub-Specialty 2: _____

9. Sub-Specialty 1: _____

11. I am ABMS Specialty Board certified (Y/N) _ by: (Board name) _____

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 indicate the method you employ to secure professional medical malpractice liability insurance.

If you have no coverage answer "Y" to 'Self Insured':

- Are you Self Insured (Y/N) ____
- Is your insurance Physician Paid (Y/N) ____
- Is your insurance Employer Paid (Y/N) ____

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

Insurance Company (Name/Address):

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Daytime Phone No: _____

Policy #: _____

BACKGROUND DATA:

(All Applicants must complete. Use additional sheet if necessary)

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):

	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

(Please make corrections to information below)

	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

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.

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?
- 14.3 Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- 14.4 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 -
 - 14.4a) U. S. Drug Enforcement Administration (DEA)?
 - 14.4b) Any state/territory of U. S. INCLUDING MAINE?

SINCE YOUR LAST RENEWAL APPLICATION:

- 14.5 Have you received a sanction from Medicare or from any state Medicaid program?
- 14.6 Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician assistant or that resulted in the inability to practice medicine for more than 30 days?
- 14.7 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)?
- 14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- 14.9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, 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 assistant panel?
- 14.12 Have you been disciplined by a professional society or resigned while an accusation was pending?
- 14.13 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?
- 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: _____ Signature: _____, MD

Typed or Printed Name: _____, MD

For Office Use Only:

Staff Rev Date: _____ Recommendation: _____

Voluntary Practice Information:

15. "Volunteer Status – The physician has retired or is retiring from the active practice of medicine and wishes to donate his or her expertise for the medical care and treatment of indigent and needy patients in the clinic setting of clinics organized, in whole or in part, for the delivery of health care services without charge."

As part of the application the physician will report all locations where the physician will be providing volunteer services.

	Clinic Name	Address	Phone
1			
2			
3			
4			
5			

Note: The physician will have a written agreement to provide volunteer services at every facility where services will be provided.

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

100 credit hours are required to convert your license to volunteer 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 1. 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_____

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 in Volunteer Status form:

The following definitions are intended to help you complete the Maine Board of Licensure in Medicine Volunteer Application form. Following are the current rules defining Volunteer Status excerpted from the Chapter 1 Rules (<http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>)

D. Volunteer Status – The physician has retired or is retiring from the active practice of medicine and wishes to donate his or her expertise for the medical care and treatment of indigent and needy patients in the clinic setting of clinics organized, in whole or in part, for the delivery of health care services without charge.

1. Requirements
 - a. The licensee must currently hold either an Active or Inactive status license in Maine.
 - b. If Inactive status, the licensee must meet all the requirements of an active status license, including CME requirements specified in section 6.
 - c. The licensee is not currently subject to any discipline in any jurisdiction.
 - d. The physician's practice will be exclusively and totally devoted to providing medical care to needy and indigent persons in Maine. The treatment of family, acquaintances, or friends, is not authorized under this status.
 - e. The licensee will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any medical services rendered under the Volunteer status license.

2. Application
 - a. The physician will make written request to be classified in Volunteer status using forms provided by the Board.
 - b. As part of the application the physician will report all locations where the physician will be providing volunteer service.
 - c. The physician will supply any supporting documentation that the board may reasonably require.
 - d. When making the conversion to Volunteer status between scheduled renewal dates, the applicant shall follow the same protocol as when converting from Inactive to Active status, as discussed in Section 2.2
 - e. The physician will have a written agreement to provide volunteer services at every facility where services will be provided.
 - f. A conversion fee of \$75 will be paid, in lieu of regular renewal fees.

3. Eligibility
 - a. Nothing in this Rule may be construed as requiring the Board to issue a Volunteer status medical license to any physician:
 1. whose medical license is or has been subject to any disciplinary action; or,
 2. who has surrendered a medical license or caused such license to lapse, expire or become invalid in lieu of having a complaint initiated or other action taken against his or her medical license; or,
 3. who has elected to place a medical license in inactive status in lieu of having a complaint initiated or other action taken against his or her medical licensee; or,
 4. who has been denied a medical license in any jurisdiction.
 - b. The full Board will review and act on each request.
 - c. The Biennial renewal cycle will remain unchanged.
 - d. The Board retains jurisdiction regarding all matters of professional discipline as specified in statute.

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 through 14.4** refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items **14.5 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.]

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: _____
