

**EMERGENCY  
LICENSE  
APPLICATION**

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

APPLICATION FOR: **EMERGENCY LICENSE, NOT TO EXCEED 100 DAYS**, Pursuant to 32 M.R.S.A. § 3278.  
**To qualify, you must document at least 3 months of active clinical practice in the 12 months preceding application.**

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

**1. PERSONAL INFORMATION**

I hereby apply for licensure to practice medicine and/or surgery in the State of Maine and in support of this, submit the following:

I plan to practice from \_\_\_\_\_ to \_\_\_\_\_ in the town of \_\_\_\_\_, ME

At (facility) \_\_\_\_\_

Applicant's 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: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date 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 4 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. **I will file a completed application for a permanent Maine license and pay that application fee within 14 days of having been issued an emergency license, unless I have requested and been granted a waiver in writing (See Instructions on Page 5).**

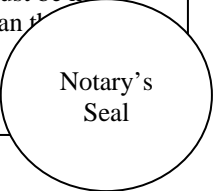
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

Attach Current Passport-Type Photo Here

(Photo must be no larger than 2" 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. MEDICAL LICENSURE** (LIST ONE STATE IN WHICH YOU HOLD A FULL, ACTIVE, CURRENT, UNCONDITIONED LICENSE)

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

**4. MEDICAL EDUCATION**

Medical School Attended \_\_\_\_\_

Address \_\_\_\_\_

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

Specialty \_\_\_\_\_

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

**6. PROFESSIONAL EXPERIENCE/HOSPITAL AFFILIATIONS/ WORK HISTORY**

List at least 3 months of clinical practice experience in the previous 12 months.

From Mo./Yr.	To Mo./Yr.	Name of Hospital, Institution, or Practice	Complete Address (Street, City, State, Zip)	Nature of Experience
			_____	
			_____	
			_____	
			_____	

**5. PERSONAL DATA**

Check off (X) each appropriate response. **For an Emergency License to be issued, all questions must have a 'No' answer. Otherwise, please complete our Temporary License 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?

**YES NO**

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?
- N/A
- 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?
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?

## **STATE OF MAINE REQUIREMENTS FOR MEDICAL LICENSURE**

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. Achieve a passing score on a State of Maine examination administered by the Board.
6. Complete and submit all applicable forms, fees, and documentation as required. Please see page 5, Instructions for Completing the Application for License to Practice Medicine.

### **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. To apply for a waiver of postgraduate accreditation, see 32 MRSA, §3271,(6) at <http://janus.state.me.us/legis/statutes/32/title32sec3271.html>
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 the Fifth Pathway program.
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 seven 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.
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\* SUBJECT TO BOARD APPROVAL

## INSTRUCTIONS FOR EMERGENCY/ LOCUM TENENS LICENSE APPLICATION

Reference: 32 M.R.S.A., § 3278. Emergency Licensure, and Board Policy.

A physician who presents a full, current, active, unconditioned license from another U.S. licensing jurisdiction and who can provide reasonable proof of meeting qualifications for licensure in Maine, including documenting active clinical practice in another state for at least 3 months in the 12 months preceding application, may, without examination, be granted a temporary license for a period not to exceed 100 days, when the board deems it necessary to provide relief for declared local emergencies or for other appropriate reasons as determined by the Board. The fee for this temporary license shall be \$300, payable at the time of application.

### STATEMENT OF NEED

All applications for this 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.

### HOW TO APPLY

Before you complete this application, please review the requirements for medical licensure in Maine listed on page 4.

- Please type or print clearly in ink.
- Answer ALL questions.
- The dates and place of locum tenens practice must be specified in the application.
- Provide a copy of another state's full, current, active, unconditioned license.
- **You must file a permanent license application and pay that application fee within 14 days of having been issued the emergency license, unless you request and receive a waiver from the Board in writing. A waiver may be granted in the event of a declared emergency, or brief, focused teaching or learning situations.**

THE APPLICATION PROCESSING FEE IS NOT REFUNDABLE.