

Dear Applicant,

Welcome to Maine. We are pleased you've chosen to apply for a license to practice medicine here.

We find that it takes on average 90 days to receive responses to all of the inquiries requested in order to have a completed application packet. In an effort to provide better and faster service for you, we will contact you every 3 weeks, by mail, with the current status of your application.

We will contact you directly with any questions or need for missing information. It is very important that your contact address and phone number will reach you directly to avoid any delays. We cannot accept phone numbers for recruitment agencies, potential employers, etc. The inclusion of those in your application as contact numbers will cause delay, as we would have difficulty reaching you directly.

As soon as we receive your application we will send you an examination to take and return. The examination is open book, and covers Maine law and Board rules and regulations.

We look forward to serving you.

Sincerely,

State of Maine  
Board of Licensure in Medicine



**STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE  
137 STATE HOUSE STATION  
AUGUSTA, ME  
04333-0137**

**APPLICATION FOR LICENSE  
TO PRACTICE MEDICINE**

**Office location: 161 Capitol Street, Augusta, ME**

**Phone: (207) 287-3601**

**Fax: (207) 287-6590**

## GENERAL INFORMATION

The Maine Board of Licensure in Medicine (Board) requires that the applicant use the Federation of State Medical Boards' Federation Credentials Verification Service (FCVS) to verify education and post graduate training. All licensure applicants must complete and submit a Board application and a separate FCVS application.

### FCVS Application Process

The Board utilizes FCVS to verify your core credentials, i.e. credentials that do not change. This verification process is conducted separately and independently by FCVS in accordance with established policies and procedures set forth by the Board. By participating in the FCVS verification process you will establish a permanent, lifetime portfolio of primary-source verified credentials, allowing quick and easy access to your important medical credentials. Those documents can be used throughout your career for state licensure, hospital privileges, employment and professional memberships.

To initialize this verification process, you must submit an FCVS Application directly to FCVS. You will deal directly with FCVS for all aspects of this verification. FCVS will verify your credentials from the original, primary source in the following categories, if applicable:

- Medical Education (including Fifth Pathway)
- Postgraduate Training. (Foreign Medical Graduates please note – you must have successfully completed 36 months of verified postgraduate training to qualify for a Maine license.)
- Examination History
- Medical Board Action History
- ECFMG Certification
- Identity

Refer to <http://www.fsmb.org/> and choose the Credentials Verification Service option to complete the verification process. When FCVS receives your information and documentation, a non-interpretive "Physician Information Profile" containing certified photocopies of your credentials is forwarded directly to the Board.

For more information about the FCVS process, or if you need assistance completing the FCVS application, call toll-free 1-888-ASK-FCVS (1-888-275-3287). Please do not contact the Board about your FCVS application.

### Board Application Process

In addition to the information provided by FCVS, the Board has further requirements for licensure that it independently and concurrently reviews. The following are elements of your application that are processed exclusively by the Board (some may not apply):

- Board Application
- Application and Registration Fees
- License(s) Verification
- Malpractice History
- Specialty Board Certification
- Background Check
- State Examination (covering Maine law and Board rules and guidelines)

The following pages include the requirements to practice medicine in the state of Maine and comprehensive instructions for completing this process. Please read all of the materials carefully. Deviation from any procedure described herein will result in process delays.

**If you have any questions about the Board's application process or completing the forms, please feel free to contact the Board Initial Licensure Specialist at the Board's address, or call directly at (207) 287-3602.**

## 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.
6. Achieve a passing score on a State of Maine examination administered by the Board.
7. 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.

\* SUBJECT TO BOARD APPROVAL

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ADMINISTRATIVE MEDICAL LICENSE**

"A License Limited to the Practice of Administrative medicine" means:

- A. professional managerial or administrative activities related to the practice of medicine or to the delivery of health care services, but does not include the practice of clinical medicine; and/or,
- B. medical research (excluding clinical trials on humans).

Before you complete this application, please review the enclosed State of Maine Requirements for Medical Licensure (Page 4). **APPLICATION FEES ARE NOT REFUNDABLE.** Incomplete applications or those received without the required fee or documents will not be processed. Applications will not be reviewed by the Secretary of the Board until all appropriate materials are received. Please type or print clearly in ink.

The following statement is made pursuant to the Privacy Act of 1974, Section 7(b):

Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. § 175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. § 405 (c)(2)(c)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number, and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. § 191.

### Procedures:

#### 1. Board Application:

- (a) Complete Sections 1, 3, 4, 5 and 6 in the Application for License to Practice Medicine. You must respond to all components of the application as instructed.
- (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 checking the 'contact at' box under '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.
- (c) Complete Section 2, Affidavit of Applicant, in the presence of a Notary Public. The Notarial seal must cover a portion of the photograph, and the photo must fit within the box. [TIP: The FCVS application also requires a separate Affidavit that must be notarized. You may wish to have both forms notarized at the same time.]
- (d) Provide complete addresses in Section 5. Failure to do so will delay licensure.

#### 2. Verification of License Standing in Other States/Provinces or Countries:

- (a) Unless Maine is to be your state of initial licensure and you presently hold a Maine Certificate of Medical Education for internship/residency in a Maine training program, you must have each licensing authority (state, Canadian province and/or country) which has ever issued you a medical practice license (including temporary licenses and education/training permits) verify the standing of that license directly to the Board. Use the enclosed form entitled Verification of License – State/Province/Country. Make photocopies as required. Complete the release on the top half of the form and send one copy to each jurisdiction. These verifications must be received directly from the licensing authority.

Some licensing authorities may require a modest fee for verifying licensure. Inquire with each entity before mailing your request. Please do not contact the Maine Board for mailing addresses of other licensing authorities. [TIP: You may obtain the mailing address of all 68 U.S. medical licensing authorities at the Federation of State Medical Boards' website at [www.fsmb.org](http://www.fsmb.org), or by calling the board in question.]

- (b) For British Isles Credentialing, contact the General Medical Council (GMC), 2<sup>nd</sup> Floor, Regent's Place, 350 Euston Road, London, NW1 3JN, or the Ireland Medical Council, Lynn House, Portobello Court, Lower Rathmines Road, Dublin 6, Ireland.

#### 3. ABMS Verification (Candidates from U.K. or Republic of Ireland only):

If you are not certified by the ECFMG, you must demonstrate certification by the American Board of Medical Specialties (ABMS). To do this, you must contact your specific ABMS Board(s) and request a certification letter be sent directly to the Board.

4. Malpractice Claims:

Your insurance carrier or attorney must provide an independent detailed explanation of all malpractice claims. This information must be received directly from the insurance company or attorney. This information is in addition to your personal explanation.

Application form items 5.13 & 5.14, regarding professional (malpractice) liability claims experience, are the questions most likely to generate follow-up letters from the Board staff and delay your licensure if not answered completely. Report all claims of which you have been noticed, as well as all claims 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. A reporting form is provided at page 11. Claims against a professional corporation are considered a claim against the individual licensee 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 Claims Experience Form attached (Page 12). See the following fictitious example:

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

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

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000.00 on February 14, 1992. I have been told 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.

5. Submitting the Board Application:

(a) Application and Registration Fee: Attach a check or postal money order in the amount of \$700.00 (payable to: Maine Board of Licensure in Medicine) to the front of your application. This includes a \$450 application fee and a \$250 initial registration fee. **The application fee is non-refundable.**

(b) Mail your application, fee and supporting materials (if applicable) directly to:

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE  
137 STATE HOUSE STATION  
AUGUSTA, ME 04333-0137

6. Submitting the FCVS Application:

As described in General Information (Page 3), you must complete and submit an application to have your core medical credentials verified by FCVS. If requested, enclosed are the FCVS Instructions, Application and Forms, to initiate this process. Any questions regarding the FCVS Application should be directed to FCVS. Please do not contact the Board regarding your FCVS Application.

Documentation of your credentials is conducted exclusively by FCVS. Do not attempt to expedite the verification process by requesting information on your behalf. The Board will only accept verification of your credentials, i.e. medical education, postgraduate training, examination history, board action history, ECFMG certification and identity, directly from FCVS via the FCVS Physician Information Profile.

## **OTHER IMPORTANT INFORMATION:**

1. State Examination covering Maine law and Board rules and regulations.

All applicants are required to complete a written examination, which will be forwarded to you.

2. Renewal date.

The renewal date of your medical license is determined by your date of birth. Your first license is typically not for a full registration period of 2 years. The initial registration fee will register your license to practice until the first renewal date.

3. Time Expectations.

The process of verifying your credentials and qualifications takes an average of 90 days. Your Board application, FCVS Profile, scored written exam and supporting documentation will be presented for review by the Board Secretary when deemed administratively complete. The Board usually meets every month to consider license applications.

### **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](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.]

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# Administrative MD License Application

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

APPLICATION DATE: \_\_\_\_\_

**1.** I hereby apply for licensure to practice administrative medicine in the State of Maine and in support of this, submit the following information. Note: Locums Company addresses will not be accepted.

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 : \_\_\_\_\_

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

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

**Please list any specialties or subspecialties, and if you are ABMS board certified in any specialty, check the box.**

Primary Specialty: \_\_\_\_\_  Specialty2: \_\_\_\_\_

Specialty3: \_\_\_\_\_  Specialty4: \_\_\_\_\_

Medical School: \_\_\_\_\_  
NAME GRADUATION DATE

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

Will you practice in Maine within the next year?  Yes  No If yes, in what community? \_\_\_\_\_

## **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 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 release any and all entities from responsibility regarding the information they release to the Board of Licensure in Medicine.

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 judgement of the Board, has a legitimate interest in such information.

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

\_\_\_\_\_  
Date

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

Notary Commission Expires:

Attach Current Passport-  
Type Photo  
Here

(Photo must be no  
larger than this  
square.)

Notary's  
Seal

**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 all states, provinces, or countries where you have held, now hold, or have applied for a medical license.

State or Country	Cert. #	Status	Date Expires	State or Country	Cert. #	Status	Date Expires
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**4. LIABILITY INSURANCE DATA**

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 Insured' if you have no professional liability insurance, or if you only pay a portion of the premium.

Please check the appropriate box to indicate the method you employ to secure professional medical malpractice liability insurance.

- Self Insured     Physician Paid     Employer Paid

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

Insurance Company (Name/Address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy #: \_\_\_\_\_

## **5. 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
- a) U. S. Drug Enforcement Administration (DEA)?
- b) Any state/territory of U. S. INCLUDING MAINE?
- 5 Have you EVER received a sanction from Medicare or from any state Medicaid program?
- 6 Have you EVER suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician, or that resulted in the inability to practice medicine for more than 30 days?
- 7 Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including 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 hospital, HMO, or other health care entity privileges revoked, suspended, restricted, 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 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 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?



**VERIFICATION OF LICENSE – STATE/PROVINCE/COUNTRY**

**SECRETARY:**

I am applying for medical licensure in the State of Maine, USA. The Maine 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 all information in your files, favorable or otherwise, to the Maine Board of Licensure in Medicine.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print/Type Full Name Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
License Number Date Issued Address

\_\_\_\_\_  
City State Zip Code

**THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD**

Name of Licensing Authority: \_\_\_\_\_

Mailing Address of Licensing Authority: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

The license to practice medicine was issued on the basis of the following examination(s):

FLEX  NBME  USMLE  LMCC  STATE  OTHER: \_\_\_\_\_

GENERAL MEDICAL COUNCIL OF THE UNITED KINGDOM  REPUBLIC OF IRELAND

Medical School: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Is this license current?  Yes  No If No, please explain: \_\_\_\_\_

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state that is likely to result in formal disciplinary proceedings within one year of this date and/or reflects a pattern of misconduct and/or that conduct could be considered criminal in nature?  Yes  No  Cannot answer under state law

Have formal disciplinary proceedings been initiated against the applicant's license by a disciplinary authority in your state?

Yes  No  Cannot answer under state law

Has the applicant ever been warned, censured or in any other manner disciplined or has the applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state?

Yes  No  Cannot answer under state law

If you have responded "YES" to any of the above, please provide an explanation below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Board Official Date

\_\_\_\_\_  
Title

Please affix Board Seal here

Thank you for your cooperation.

**Please return this form to:**

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

# Maine Board of Licensure in Medicine

## Professional (Malpractice) Liability Claims Experience

Duplicate For Multiple Claims.  
See Instructions on Pages 5 and 6.

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 amounts) \_\_\_\_\_

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