



## **STATE OF MAINE BOARD OF OSTEOPATHIC LICENSURE**

**142 STATE HOUSE STATION  
AUGUSTA, ME 04333-0142  
PHONE: (207) 287-2480  
[www.maine.gov/osteo/](http://www.maine.gov/osteo/)**

### **Please Note:**

**To Apply for a Doctor of Osteopathic License, Please Print Pages 1- 6.**

**To Apply for a Physician Assistant License, Please Print Pages 7 – 12.**

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**BOARD OF OSTEOPATHIC LICENSURE**  
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## **Applying for a Permanent License to Practice Osteopathic Medicine in Maine**

The Maine Board of Osteopathic Licensure is responsible for ensuring the health and safety of the public of this State. Through the licensing process, the Board provides assurance that each physician has received his/her degree from an accredited college of osteopathic medicine, has received the appropriate level of training and that no cause exists that would be a basis for disciplinary action of a licensed physician.

Your application must be submitted no less than **60** days prior to the Board meeting at which you would like it to be considered. The Board meets on the second Thursday of each month. <http://www.maine.gov/osteo/administrative/> for a for a list of meeting dates, please visit the Board's website, click on the administrative tab and then Board Meetings and Minutes.

Application items to be submitted online:

- Uniform Application ('UA').
- Malpractice information, if applicable.
- Uniform Addendum<sup>1</sup> – link will be e-mail (from noreply@maine.gov) within 48 hours of UA submission.
- Application fee of \$350 via credit card.
- Curriculum vitae.
- FCVS (Federation Credentials Verification Service) – See below

Your licensure application packet must include the following: Items to be mailed to the Board office:

- Completed Affidavit (link will be provided as part of your online Addendum).

Incomplete applications will not be processed.

Pursuant to Board policy, please do not contact the Board office for an application update. Online status updates are available on the Board website by going to the Online Services link <https://www.maine.gov/osteo/licensure>. Once there, scroll down to 'Online Renewal' and follow the instructions. Please allow up to 10 business days for updates.

## **The Federation Credentials Verification Service (FCVS) – REQUIRED**

The Federation of State Medical Boards (FSMB) is a national non-profit organization representing the medical and osteopathic boards of the United States and its territories. Two of the services provided are the Uniform Application for Physician State Licensure (UA) and the Federation Credentials Verification Service (FCVS).

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<sup>1</sup> The Uniform Application Addendum must be completed by the applicant.

FCVS staff verifies primary source documents related to your identity, education, training, and more, creating a personalized profile that eliminates the re-verification of items that never change. Your profile can be updated and sent to additional boards as needed.

In case of a hardship, a letter explaining why FCVS is not being utilized **must** be submitted.

To work on the initial FCVS application for creating a profile or the subsequent FCVS application for updating an existing profile, visit <http://www.fsmb.org/> and select FCVS in the Licensure or Sign In menu, then sign in as directed. For assistance, use the messaging tool within FCVS or call 888-275-3287 with your FCVS ID number between 8am and 5pm CT Monday through Friday.

## The Uniform Application for Physician State Licensure (UA)

We are pleased to offer the UA as an option for physicians seeking licensure. After completing the UA for the first time, your application is securely stored and can be sent to another participating board as long as the forms and state-specific requirements are also completed for each board. Updates to the UA can be made as needed.

To work on the UA, go to <http://www.fsmb.org/> and select Uniform Application from the Licensure menu or Sign In menu. If you have submitted a UA, select the state board in the State Board section to open the UA for editing. Submit your UA to the board when you have finished updating your UA.

## Completing the Uniform Application

Please read the following information carefully before completing and submitting your application. You will be asked to account for all time since medical school graduation, including providing your employment history, and asked to provide any information on medical malpractice claims. We recommend having this information on hand before you begin working on your UA.

First time UA users are required to pay a one-time service charge of \$60. Your receipt will be available immediately after submitting your UA, and you will receive a separate receipt via email.

The UA FAQ at <https://www.fsmb.org/uniform-application/ua-faq/> answers the most common UA questions. If your question or issue isn't listed, contact UA customer service at 800-793-7939 or email [ua@fsmb.org](mailto:ua@fsmb.org). Provide your username and FCVS ID number if applicable. If you receive an error, email a screenshot of the error along with a description of what you were doing at the time to [ua@fsmb.org](mailto:ua@fsmb.org).

Please note the following:

- Provide both your current home address and current practice/training address, otherwise an error will occur. Do not enter the same address for both home and work.
- DO licenses cannot be added or edited in the UA as all DO license information comes directly into the system from the state boards. Email [ua@fsmb.org](mailto:ua@fsmb.org) with the correct information if changes are needed.
- Enter all other professional licenses (nurse, EMT, physician assistant, etc.) you have held (active or inactive) in the U.S. or Canada.
- If you hold licenses in countries outside the U.S. or Canada, please provide that information on a separate sheet of paper to the Board.

- If you have no malpractice claims, you may leave that section blank. If you do have a claim, indicate in the “specifics” section whether the claim/suit involved the death of a patient, wrong sided surgery, or loss of limb/major organ. Also provide a copy of the documents related to the suit/claim.

If the status of a suit is 1) pending – submit a copy of court’s Complaint and a letter from your attorney indicating the status of the case 2) dismissed – submit a copy of the court’s Dismissal Order or 3) settled – submit a copy of court’s Complaint, Final Disposition, and Settlement/Release.

- To open an already submitted UA for editing, select the Board from the State Board section. Update your UA as needed, then submit your UA to the Board.

In addition to completing the core UA online, all applicants must:

- Submit a notarized UA Affidavit and Authorization for Release of Information form to the Board. The UA Affidavit is separate from the FCVS Affidavit and must be sent to the Board, not to FCVS or FSMB. Attach a recent (fewer than 90 days old) two inch by two-inch (2” x 2”) passport quality, color photograph of yourself in the space provided.

Because you are required to utilize FCVS for credentials verification,

- Do not complete the UA Medical Education Verification, Postgraduate Training Verification, or Fifth Pathway Verification forms. Do not send any identity documents, transcripts, certificates, or examination scores to the Board. FCVS handles all of this for you.

If you are **not** using FCVS for credentials verification, due to hardship,

- Send to the Board a certified copy of a legal name change document (marriage certificate, divorce decree, court order) if your name is not the same on all of your submitted documents.
- Contact each appropriate examination entity to have a certified transcript of your scores sent directly from the exam entity to the Board. If you have taken any component of the COMLEX-USA in conjunction with another exam (USMLE/FLEX), request your transcript of scores from the NBOME. For exam entity contact information, see the UA FAQ at <https://www.fsmb.org/uniform-application/ua-faq/>.
- Complete the UA Medical Education Verification, Postgraduate Training Verification, and Fifth Pathway Verification (if applicable) forms as directed on each form. The UA Medical School Verification form must be accompanied by a sealed copy of your diploma if you graduated from that school. A certified transcript must be sent to the Board from the appropriate educational institution. If your transcript or any other document submitted is in a language other than English, also provide a certified translation.

## **Other Licensure Requirements**

National Practitioner Data Bank Self Query included with FCVS, do not submit separately except in case of hardship)

- Visit <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> and begin the process for the Self-Query. Follow all instructions given. After your Self-Query has been processed, they will send the report directly to you. Open this report to make sure that the results were not rejected, and all information is correct.

Forward all parts of this report directly to our office for final review. For questions or assistance, call 800-767-6732 or email [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov).

Physician Profile Data Report from AOA - Not included with FCVS – must be submitted by all applicants

- Request the AOA Official Osteopathic Physician Profile Report at <https://www.doprofiles.org>. For questions or assistance, email [credentials@osteopathic.org](mailto:credentials@osteopathic.org).

## Uniform Application for Physician State Licensure Checklist

After completing the online application, you are responsible for submitting certain documents. Please use the checklist that applies to you (not using or using FCVS to verify credentials).

	Not Using FCVS	Using FCVS
Completed both the online Uniform Application and the online state addendum.	<input type="checkbox"/>	<input type="checkbox"/>
Sent notarized Affidavit and Authorization for Release of Information form to the Maine Board of Osteopathic Licensure.	<input type="checkbox"/>	<input type="checkbox"/>
Sent Physician Profile Data Report from the American Osteopathic Association (AOA) to the Maine Board of Osteopathic Licensure.	<input type="checkbox"/>	<input type="checkbox"/>
Sent notarized copy of birth certificate or current, valid passport to the Maine Board of Osteopathic Licensure.	<input type="checkbox"/>	Completed via FCVS
Sent supporting documentation of any legal name change to the Maine Board of Osteopathic Licensure.	<input type="checkbox"/>	Completed via FCVS
Sent Medical School Verification form (Form #2) and a plain copy of your diploma to each medical school attended.	<input type="checkbox"/>	Completed via FCVS
Sent Postgraduate Training Verification form (Form #3) to all training programs attended.	<input type="checkbox"/>	Completed via FCVS
Sent a copy of your postgraduate training certificate(s) to the Maine Board of Osteopathic Licensure.	<input type="checkbox"/>	Completed via FCVS
Sent all examination transcripts to the Maine Board of Osteopathic Licensure.	<input type="checkbox"/>	Completed via FCVS



Affidavit and Authorization for Release of Information

Mail this completed notarized form to:
Maine Board of Osteopathic Licensure
142 State House Station; Augusta, ME 04333-0142

Applicant:

Sign this form with attached photo in the presence of a notary public. Send this notarized form with any other required materials to the Board at the address listed above.

Online notary services are not accepted by this Board.

If you are using FCVS for credentials verification, you must also send the separate FCVS affidavit form to FCVS if you have not already done so.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.

Applicant Photograph

Securely tape or glue a recent (less than 6 month old) front-view 2" x 2" passport-type color photo of yourself in this square.

Applicant's signature (must be signed in the presence of a notary)

Applicant's printed last name

Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

Date of signature (must correspond to date of notarization)

-fold up-

To fit this form in a standard envelope, fold the bottom portion under the photograph toward the top, and then fold the top edge to the new bottom edge.

-fold up-

Notary

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

(NOTARY PUBLIC SEAL)

My Notary Commission Expires: \_\_\_\_\_



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### REQUIREMENTS FOR PHYSICIAN ASSISTANT (PA) LICENSURE

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

1. Submit an administratively complete application.
2. Pay the appropriate fee (\$200);
3. Have successfully completed an educational program for physician assistants accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;
4. Have no license, certification or registration as a physician assistant, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;
5. Have no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;
6. Pass, at the time of license application, a jurisprudence examination administered by the Board; and
7. Have passed the NCCPA certification examination and holds a current certification issued by the NCCPA that has not been subject to disciplinary action by the NCCPA at the time the license application is acted upon by the Board.



## INSTRUCTIONS FOR PERMANENT LICENSE APPLICATION

### HOW TO APPLY

Before you complete this application, please review the Requirements for Licensure. 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 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 for tax administration purposes pursuant to 36 M.R.S. § 175 as authorized by 42 U.S.C. § 405 (c)(2)(c)(i).

Disclosure of your social security number is mandatory for purposes of enforcement of child support orders pursuant to 10 M.R.S. § 8003(4-A) and as authorized by 42 U.S.C. § 405 (c)(2)(c)(ii).

Disclosure of your social security number will occur in accordance with National Practitioner Data Bank reporting requirements pursuant to 45 C.F.R. §§ 60.8, 60.9.

Any other disclosure of your social security number shall be as permitted by applicable law.

#### Procedures:

##### 1. Board Application:

- (a) Complete Sections 1 through 8 of the State of Maine Uniform Application for Physician Assistant Licensure. 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 the PRINCIPAL LOCATION WHERE YOU WILL BE RENDERING MEDICAL SERVICES. You may designate which of the two addresses you wish to be used to receive mailings from the Board (by checking the “contact at” box). If you fail to designate a contact address for mailings, all correspondence from the Board will be sent to your home 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. **If, subsequent to this application, your home or business contact information changes, you must immediately notify the Board. Immediately upon beginning to render medical services in Maine, you must provide the Board with your primary business address and phone number.**
- (c) **Complete Section 8, 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.**
- (d) Provide complete addresses in Section 6. Failure to do so will delay licensure.

## 2. Necessary Additional Documents

- (a) Copy of Diploma with original Notary signature
- (b) Original Transcript
- (c) Up to date curriculum vitae (education and work history)
- (d) Self-query NPDB Report - Visit <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> and begin the process for the self-query. Follow all instructions provided. After your self-query has been processed, a report will be e-mailed directly to you, followed by an original via US Mail. Please check the report to be sure the results were not rejected and that all information is correct. If the information is correct, you may forward the e-mail containing the pdf document to [Osteo.PFR@maine.gov](mailto:Osteo.PFR@maine.gov). You may forward the original sent via US Mail to the Board or retain it. Should you have any questions or need assistance, please call the NPDB directly at 800/767-6732 or via e-mail at [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov) .
- (e) \$200 Application Fee

## 3. 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 19 & 20, 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. 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. 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.

4. Submitting the Board Application:

- (a) Your application will be submitted electronically to the board and you will receive an e-mail from [noreply@maine.gov](mailto:noreply@maine.gov) with instructions to complete the jurisprudence exam and the application addendum.

## **OTHER IMPORTANT INFORMATION**

1. 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.
2. State Examination covering Maine law and Board rules and regulations (Jurisprudence Exam).

All applicants are required to complete a written examination, which is an open book exam. Instructions will be provided once your application is received.

3. Renewal date (License and Registration\*).

The renewal date of your license and registration is determined by your date of birth. As a result, your first license and registration will typically not be for a full period of 2 years (depending on the timing of your application).

4. Time Expectations.

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

**\* A Registration of a supervising physician is NOT required for licensure only. However, a registration is required prior to rendering of any medical services in the State of Maine.**

## PLEASE NOTE

### **Mandated Reporter Requirements for Suspected Child Abuse**

Maine law requires that physicians immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the physician assistant knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. **In addition, if a child is under 6 months of age or otherwise non-ambulatory, Maine law requires physicians assistants to immediately report to DHHS if that child exhibits evidence of the following: fracture of a bone; substantial bruising or multiple bruises; subdural hematoma; burns; poisoning; or injury resulting in substantial bleeding, soft tissue swelling or impairment of an organ, except that the reporting of injuries occurring as a result of the delivery of a child attended by a licensed medical practitioner or the reporting of burns or other injuries occurring as a result of medical treatment following the delivery of the child when the child remains hospitalized following the delivery is not required.** Please refer to 22 M.R.S. § 4011-A for all reporting requirements.

**Mandated Reporter Training and additional information regarding mandated reporting can be found at:**

<http://www.maine.gov/dhhs/ocfs/cps/>

### **Maine Prescription Monitoring Program (PMP)**

As of August 1, 2014, Maine law requires all Allopathic Physicians, Osteopathic Physicians, Dentists, Physician Assistants, Podiatrists, and Advanced Practice Registered Nurses who are licensed to prescribe scheduled medications to register with the Prescription Monitoring Program (PMP). To register, please go to the Prescription Monitoring Program website: <http://www.maine.gov/pmp> Download, complete and sign a registration form located within the yellow box. You may mail, scan and email or fax a signed form to the information located on the form. Please note there are two types of registration forms available, 1) Data Requester form for active prescribers with a DEA number and, 2) Sub-Account form for assistants/non-prescribing health professionals.

**As of January 1, 2017, upon initial prescription of a benzodiazepine or an opioid medication to a person and every 90 days for as long as that prescription is renewed, a prescriber shall check prescription monitoring information for records related to that person.**

More PMP information is available at: <http://www.maine.gov/dhhs/samhs/osa/data/pmp/prescriber.htm>

**Prescribers should make regular use of the PMP**

### **Maximum Opioid Medication Limits**

**As of July 29, 2016, an individual may not prescribe to a patient any combination of opioid medication in an aggregate amount in excess of 100 morphine milligram equivalents of opioid medication per day unless the patient meets certain exceptions. For more information, visit the Boards' websites.**